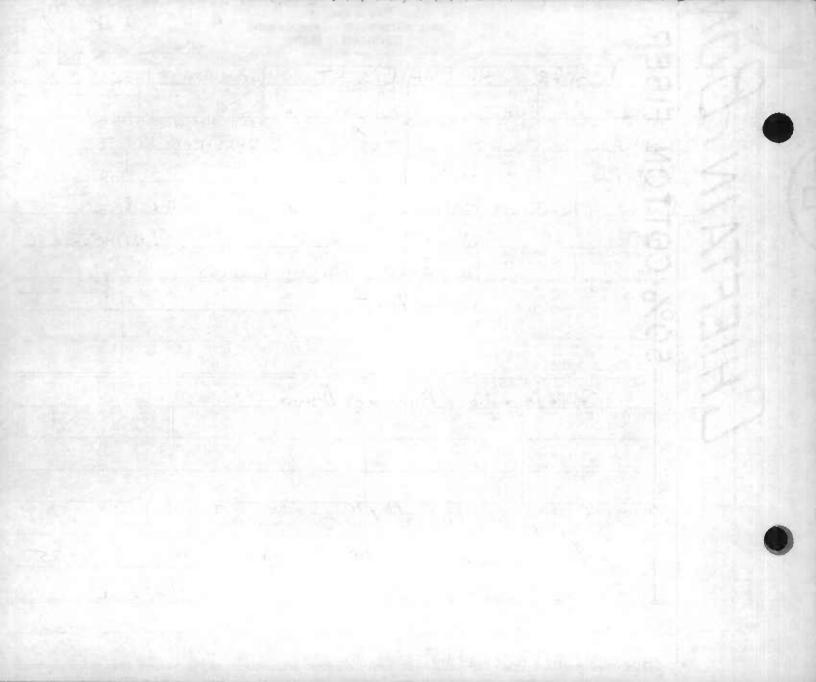
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ony ony	CERTIFICATION	190 DATE OF OPERATION		FOR WHICH OPERATIO		20a AUTOPSY? 20b	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
3 PHYSICIAN: The k ritending physicion. or this certificate hos the buriol-transit per and Mental Hygiene and or item 18 shows		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. A		?1c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN I	TEM 18 PART I ORPART 2)
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R ATTENDIN hospital or IRECTOR: Al hed for use of ept of Healt		220.1 certify that (1) (this hosp saw the deceosed alive or above (1) (we) (did) did no	Dec (s	eosed from May 9 19 84 a		on death occurred on the date of	19 84, that (1) (we) lost and hour and from the couses stated
the state of the s		The SIGNATURE AND CO	gnanft	Ø.	DEGREE ATTENDING PHYSICIAN		221 DATE SIGNED
TO HOSPITAL TO FUNERAL Should be det with the Stote IMPORTANT:		DR. FRANCIS	Wisch	JAnn JR.	8406 HARF	ORD ROAD - PA	RKVILLE
BP	230 B	URIAL, CREMATION, REMOVAL	1236. DATE	5 PARKUD	CEMETERY OR CREMATOR	23d. LOCATION CITY OF TOWN CARKVILLS	BALTO- MARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	INERAL DIRECTOR	Memoriss	HARFORD R	0AD 250 9	AN 1 6 1985	REGISTRAR'S SIGNATURE



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ge 4 moy	3. SE	Female	4. RACE Whit	e	5. DATE OF MONTH	BIRTH DAY YEAR 23rd,1902	6. AGE (IN YEARS LAST B	YRS.		UNDER 24 HRS DURS MIN.
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R ATTENDIFICATION OF PRECTOR. A red for use a rept. of Health		220 1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on 1/2	1 19	8.5 ond	that in (my) (our) opinion		dote and hour	ond from the cou	t (I) (we) lost ises stated
0 0 0 0 0	(12% SIGNATURE	Oban	rell	M	GREE ATTENDING PHYSICIAN	MEDICAL ST. DIRECTOR PHYS	AFF ICIAN	22c. DATE SIG	NED 1 -85
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BP	230 E	BURIAL, CREMATION, REMOV.		23rd,1985		kwood Cem.	23d LOCATION CITY OF TOWN Balto	Co.	COUNTY	STATE

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR
Mitchell-Wiedefeld Home-6500 York Rd. 21212

DHMH - 16 60M 7/84 (VRA 15, 4)

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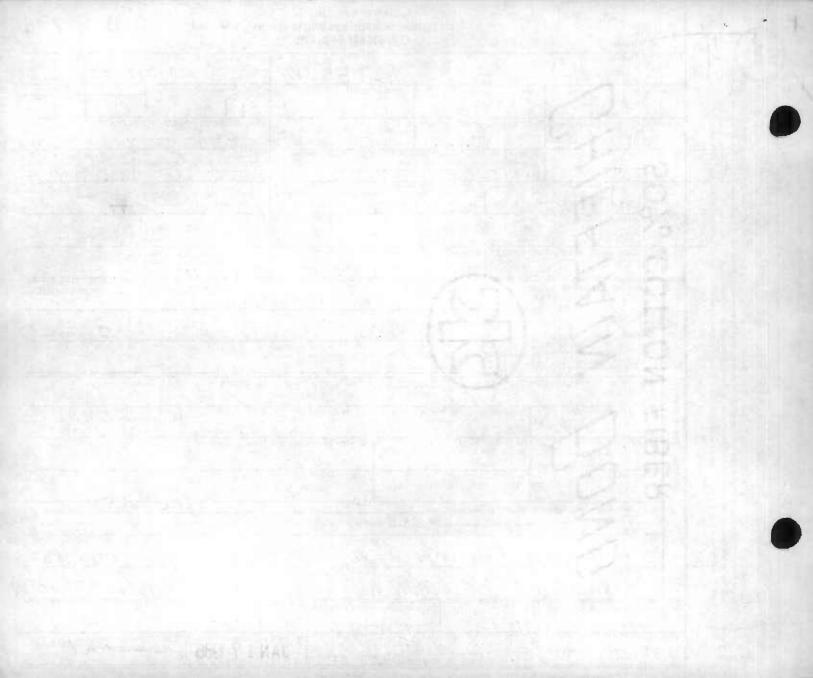
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		death resulte	d fram: Nati	ural causes .	Accident	L, Suic	ide 📖	, Hamicide		Undetermine	ed monner	١.		
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DEPARTMENT OF HEALTH AND MENTAL HYGI - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN F (TYPE OR PRINT) ALLEN OF ESTI-WILLIAM W 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE LAST BIRTHDAY) PRONOUNCE CAUCASIAN 23 19 DEAD 65 YRS I BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! DIVORCED BALTIMORE COUNTY WIDOWED Maryland U.S.A. 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY JOSEPH HOSPITAL TOWSON Harford County Tax Assessor USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 30 STATE OUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS JOLLY ACRES RD 21161 YES NO X 2639 WHITE HAL HARFORE 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Allen Estella H. Thompson Wesley W. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO IYES, NO. OR UNKNOWN) 212-10-9841 Mildred L. Allen - Same as #13e No 18 CAUSE OF DEATH (Enter only one couse per line farter PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ORWARDED TO THE C VR: PAGE 3 SHOULD BE HE STATE DEPARTMENT 21g EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK MARYLAND. 220 I certify that I taak charge of the remains de med above, held on Inspection and in my opinian death resulted from Natural causes Undetermined manner EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BAUTHORE, MARYI EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 1-29-85 Jessop Methodist Cockeysville, Balto., Maryland BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1050 York Rd. DHMH - 17 Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VR A15 ME (5))

20M 4/82

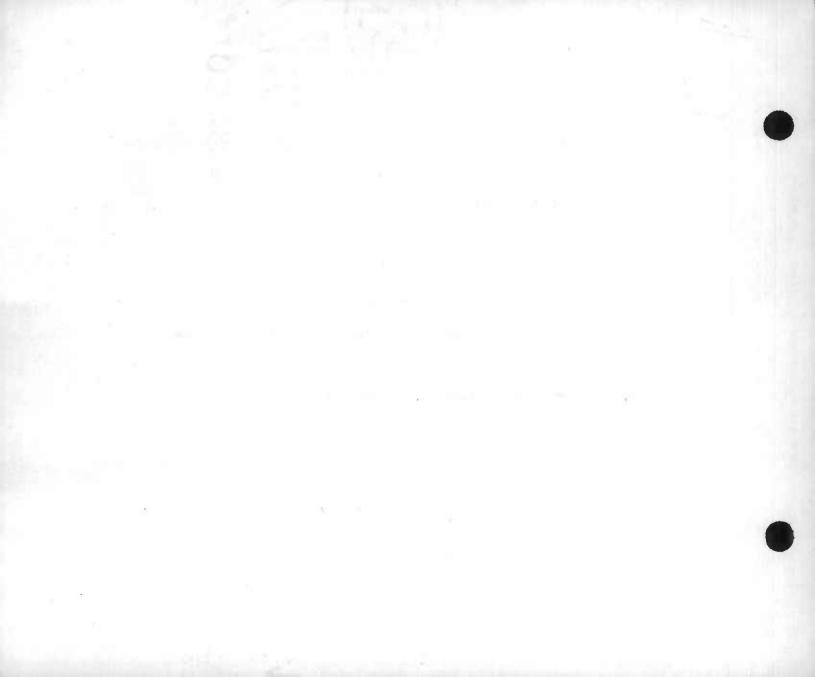
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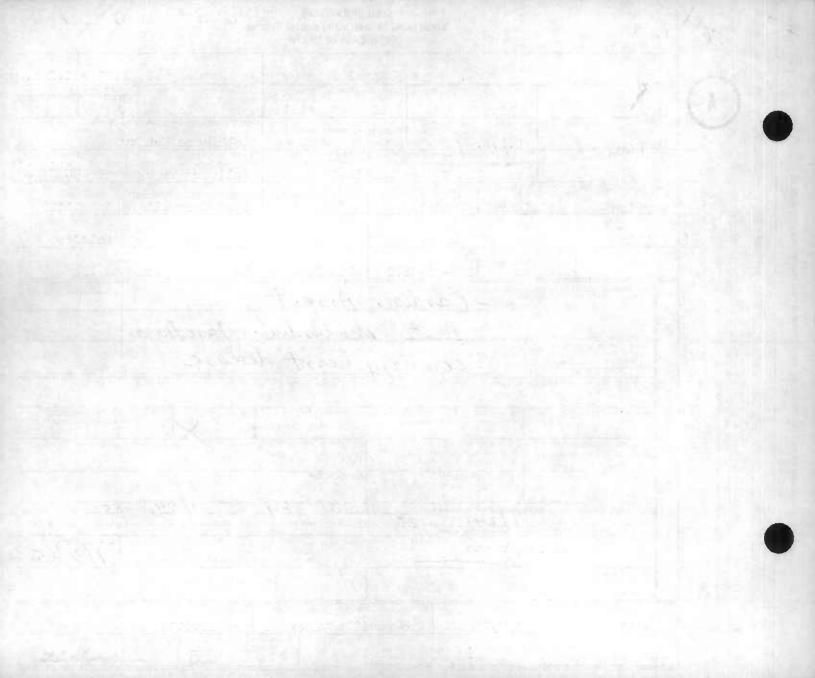
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6,	To. BI	RTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF WHA	AT COUNTRY?	8	NEVER /	MAPPIED [9 BALTIMORE CITY OR COUNTY	OF DEATH	
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2		BURIAL, CREMATIO		23b. DATE	1000		EMETERY OR		23d LOCATION CITY OF TOWN	COUNTY	STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Duda-Ruck, Inc. ADDRESS 7922 Wise Avenue Dundalk, MD. 21222 erans | Crownsville Maryland
250 DATE RECD. BY REGISTRAR 25% REGISTRAR'S SIGNATURE



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BELAIR, MARYLAND 21014

STATE OF MARYLAND

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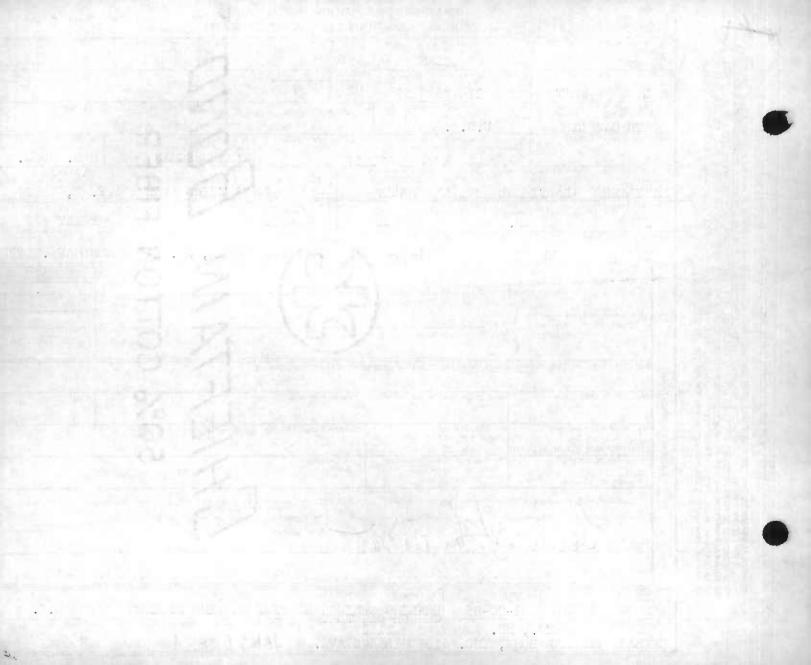
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FOR STATE REGISTRAR EASED NAME FIRST Margaret Female ITHPLACE ISTATE OR FOREIGN DUNINY JAND Y OR TOWN OF DEATH	Cathe RACE White Th. CITIZEN OF WHAT	erine S. DATE		REG. NO 20. DATE OF DEATH Jan. 22, 6. AGE (IN YEARS LAST BIRT)	MONTH DAY YEAR	26. HOUR P 2:50 A
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Margaret Female ITHPLACE ISTATE OR FOREIGN OUNTRY Maryland	Cathe RACE White	5. DATE	BATER E OF BIRTH NTH DAY YEAR	Jan. 22,	1985	2:50
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Y OR TOWN OF DEATH	U.S.A.		WED NORCED DIVORCED DIVORCED	120. USUAL OCCUPATIO	ore County	OF BUSINESS OR
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		artin	Mary	MIDDLE	Hein	tz
		OCIAL SECURITY NO	. 17 INFORMANT	ADDRE	SS	
NO OR UNKNOWN) (IF YES, GIV	2]	12.36.5855	Richard M. Ba	aier (Son) (Same as 13e	.)
11 CALISE OF DEATH (Enter po	ly one cause per line to	or (a). (b), and (c).)		1	APPRO	XIMATE INTERVAL
				200 AUTOPSY? YES NOX	DITION GIVEN IN PART 1 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES YES	INGS USED
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21d INJURY OCCURRED WHILE NOT WHILE AT WORK			211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
226. I certify that (1) (this hosp saw the deceased alive an above, (1) (we) (did) (did fo 22b. SIGNATURE	tal) attended the dec January view the body ofter		, and that in (my) (our) opinion DEGREE	death occurred an the do	22c. DAT	, that (I) (we) lo e causes stated E SIGNED
1 koll	alle	A	PHYSICIAN D			23/1985
27 PHYSICIAN'S NAME (TYPE	,	M D	3427 Dundall	c Ave Dund	Balk. Md. 2	21222
Theodore C. Pa	accerson, i	1.0.	Jazi Dardan	t rive., bar	many Land	
TOWER	HER'S NAME FIRST COTNELIUS JGT AS DECEASED EVER IN U.S. AR S. NO OB UNKNOWN) 18. CAUSE OF DEATH IE first on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (19. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IS ETHER NOTHY MEDICAL EXAMINET 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hosp) sow the deceased alive an obove, (1) (we) (did), (did Re	HER'S NAME FIRST CORNELIUS Ignatius Ma AS DECEASED EVER IN U.S. ARMED FORCES? S. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTR. 198. DATE OF OPERATION 198. CONDITION 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. HOUR A.M. P.M. 21d. 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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHEED THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CITO FUNERAL DIRECTOR; PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF SHOULD BE CATER DEATH, WITH THE STATE DEPARTMENT OF THE DEATH OF THE STATE DEPARTMENT OF THE DEATH OF THE DEAT		EXAMINER'S (TYPE OR PRI	NAME	Denn	is I	F. Sn	nyt1	V, M	.D.		_ADDRESS_	111 P	enn s	St.,	Balt	0.,	Md.	212	01
	DARDAR _	23a.B	URIAL, CREMA	TION, F	REMOVAL 2	36 DATE			23t. N			OR CREMAT		CITY	CATION			COUNT	TY	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

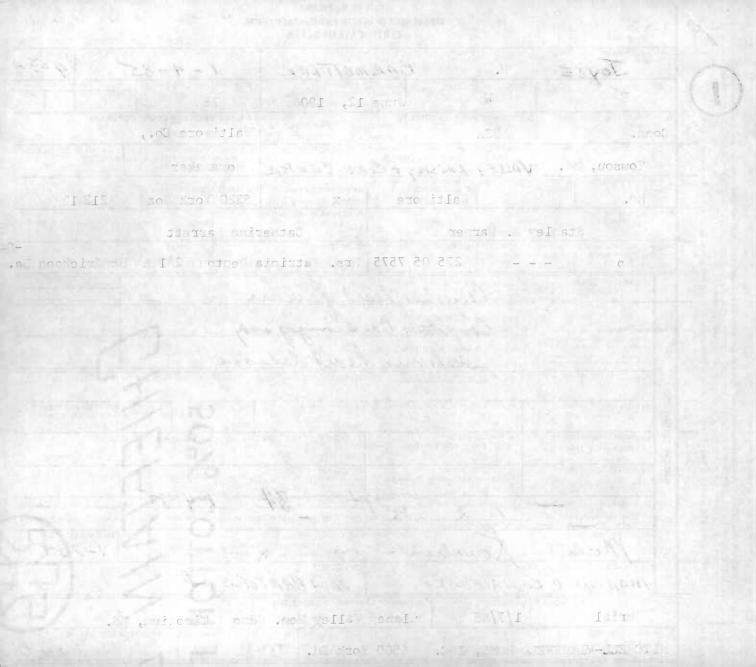
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A County of Owings Mills, Mr.

Jan. 14,1985 Svergreen Memorial Capders, Finkeburg, Carroll, Mr.

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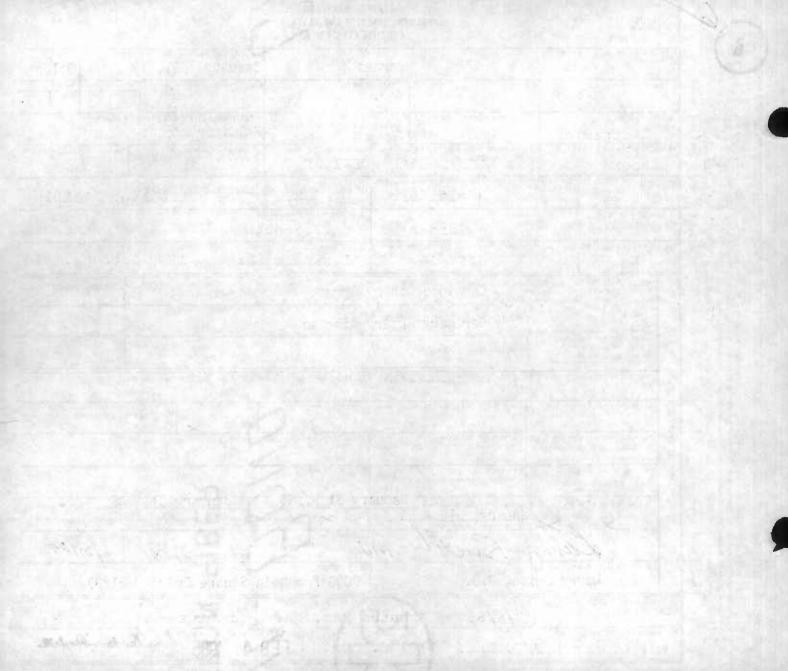
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF DEATH

1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH		G. NO.	0 0 .	200
	CEASED NAME FIRST Alex	A	MDDIE	Barn	es	January		1985	9:16a M
3.58	M	4. RACE	В	5. DATE C		6. AGE (IN YEARS LA	63 YRS		
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	US		WIDOWE		Baltimore CI		ty	MD
	ESSEX				OSPITAL	120 USUAL OCCU			OF BUSINESS OR Y
USU IJa	AL RESIDENCE (IF NURSING HOME COU	A 140	Baltimo		13d INSIDE CITY LIMITS? YES NO NO	13 STREET ADDR	apie	Ave.	21221
2"	Algie	WIDDLE	Barnes	5	Elizab		DLE	Jo	ĥns
	WAS DECEASED EVER IN U.S. A	RMED FORCES? IVE WAR OR DATES)	227-16-		Alexander		1108		Dr. #3D
		TE CAUSE (a)			y Arrest y Disease			BETWEE	OXMATE INTERVAL IN ONSET AND DEATH
-	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(cl	R AS A CONSEOU		NOT RELATED TO THE TER	minal disease or	CONDITION (GIVEN IN PART	lıa
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	ZOn AUTOPSY?	IN CER	yes, were find Tifying cause Yes	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.		AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE O	F INJURY IN ITEM 1	8 PART (OR PART 2)	
MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	СІТУ	OR TOWN	COUNTY	STATE
	22a. I certify that this has saw the deceased alive a abave, Dowe (did) (did)	n January	e deceased fram_ / 31_19_	Janu 85	dry 31 , 19 85 and that in (in a carr) opinion	n death accurred an t			, that X (we) last ne couses stated
	226 SIGNATURE	46	ne Al	M	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PE	STAFF HYSICIAN A	220 DAT	15 SIGNED 31/85
	224 PHYSICIAN'S NAME (TYPE	mith, M.			9000 Frank		Drive	2123	7
	BURIAL, CREMATION, REMOVA ISPECIFY) Burial	236. DATE 2/4/			EMETERY OR CREMATORY 1S Mem. Pk.	Arbut	WN	COUNTY	МĎ
	Wm. C. March	F/H, I	nc. ADDAIST	01 E.	North F	ATE REC'D. BY REGISTER 4 198	5 Suna	IST PAR'S SIGNA	- Handell

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR



1	1.	FOR • STATE		DEPART	MENT OF HI	OF MARYLAND ALTH AND MENTAL F	IYGIENE 8 5	0 0 2	289
		REGISTRAR				CATE OF DEATH	REG. N		3
me	I. DE			IDDLE	()	ST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
ay be age 3 death			ONA	8-	BI	trry	1-25-8	35	107
on d	3 SE		4. RACE		5. DATE O	F BIRTH YEAR	6. AGE (IN YEARS LAST BI	MONTHS DAY	
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od At At		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	MARRIET	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
10 0	V	N.C.	u	SA	WIDOWE		Baltir	nove Co.	
1 11 43	10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		ROTHER INSTITUTION	12a. USUAL OCCUPAT	ION 126. KIND	OF BUSINESS O
to see a	1	Baltimore	WALLE	V NUL	SING	+CONV.CEN		TO WORKING CIFE) I INDUSTR	
hour hour	USU 13a	AL RESIDENCE (IF NURSING HOME COSTATE 136. COSTATE	OR OTHER INSTITUTION, C	THE RESIDENCE BEFORE	ADMISSION	13d. INSIDE CITY LIMITS			
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if the second	14. F	ATHER'S NAME	7 7 340 1			15. MOTHER'S MAIDEN	NAME		
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South State of the		WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17. INFORMANT	ADDR		-
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hicate be hysician papers. F naval.		18 CAUSE OF DEATH (Enter of				"aggie	n. Jonith		OXIMATE INTERVAL EN ONSET AND DEATH
NG PHYSICIAN: The law requires that the catending physicion. After this certificate has been signed by the cast the buriolitransit permit. Then please remain and Mental Hygiene prior to buriol, crema arked or them 18 shows any injury, or other transmired.	CERTIFICATION	gave rise to immediate cause IaI, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE OR CON	20b. IF YES, WERE FIND	DINGS USED
2 2 0 0 0	TIFIC						YES NO	IN CERTIFYING CAUS	SES OF DEATH?
SICIAN: The ng physicion certificate h ring-transit pental Hygier tem 18 show		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	LAIN .	MONTH D	AY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2	1)
DING PHYSK or ottending After this ce e as the burn olth and Men marked or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O			211 LOCATION STREET	CITY OR TO	YINDON COUNTY	STATE
ENDIN tal or OR: Af		220.1 certify that (1) (this has	/	deceased from_	25 00	that in (my) (my) apini	an death accurred on the d	ote and how and from t	_, that (I) (we) la
ATT nospi tECT ed fo ot. of		abave, (1) (westerd) (did n 22b. SIGNATURE	at) view the bady o	ter death.		EGREE	an deam decorred an me d		TE SIGNED
the hor the hor the hor the hor the hor the hort.		1/h un	- Kin		4	ATTENDING PHYSICIAN	MEDICAL _ STA	EE /	
Story A Story	-	22d PHYSICIAN'S NAME (TYPE	GR PRINT)	CACCO -		PHYSICIAN 22: ADDRESS	DIRECTOR PHYSI	IAN	2881
HOS FUN FUN M the		14-C. KO		WSICI	40	8604 H	ARFORD 1	ed.	
Of of Shirt Mark	23a. 1	BURIAL, CREMATION, REMOVA	L 23b. DATE	230	NAME OF CE	METERY OR CREMATOR	RY 23d LOCATION		
BP		(SPECIFY) Burial	1/31/	85 k	ina	man. Br	r, Boulto	COUNTY	STATE
DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR					DATE REC'D. BY REGISTRAR		
(VRA 15, 4)	W	m. C. Mar	H/7 13	ADDRESS	6. NO	with Ave 1 A	N 2 8 1985	a transmitator-	MANAGE

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1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8, 5 O	0 2 9 0
	ECEASED NAME FIRST	ANK R	BASSO	20. DATE OF DEATH MONTH D	/85 26 HOUR 3:00 PA
3. St		4 RACE	S. DATE OF BIRTH	-1.7	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	White	March 4°, 1899°	85 YRS	ONTHS DATS HOURS MIN.
7a. E	SIRTHPLACE (STATE OR FOREIGN COUNTRY Ttaly	76. CITIZEN OF WHAT COUNTRY $U.S.A.$	MARRIED NEVER MARRIED WIDOWED X DIVORCED	BALT IMORE COUNTY	
	WSON	(IF NOT IN SUCH FACILITY GIVE STREE GBMC 6701 N	TADDRESS) CHARLES STREE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE RETIRED Barber	12b. KIND OF BUSINESS OR INDUSTRY
25 130	AL RESIDENCE LIF NURSING CO STATE Maryland		153 [] 140 []	13e SIREET ADDRESS / ZIP CODE 5823 Falkirk Ro	21239
00	Bartlomeo	MIDDLE Basso LAST	15. MOTHER'S MAIDEN NA Joanna		Amodeo
	(YENO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 213-01		abatino 5920 Glenk	rirk Rd 21239
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y, or orner	cause (o), stoting the underlying cause last.	MINAL DISEASE OR CONDITION GIVE	N IN PART 110		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	NER) P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
MED /	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) 2H LOCATION STREET	CITY OR TOWN	COUNTY STATE
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. '	220 SIGNATURE TULE 220 PHYSICIAN'S NAME (TYPE	OD Annu	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
PORTANT	T. O'DON	INELI	GBMC 670	O1 N. CHARLES S	TOWSON T

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4) 230. BURIAL, CREMATION, REMOVAL SPECIFY)
Entombment

24 FUNERAL DIRECTOR
NAME

Leonard J Ruck Tnc. Baltimore, Maryland

23b. DATE

1/23/85

Lorraine Park Maus Baltimore Maryland
250 DATE REC'D. BOY REGISTRAR 256 REGISTRAR'S SIGNATURE

JAN 2 2 1985

23d LOCATION

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DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME

20. DATE OF DEATH auer Sy March 15, 1903 81 BAC IMORE CITY OR COUNTY OF DEATH MARRIED E NEVER MARRIED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Railroad Accountant

13e STREET ADDRESS / ZIP CODE

236 D. Crocker Dr.

ADDRESS

OSEPH USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS
130 STATE
136 COUNTY
136 CITY OR TOWN BelAir 13d INSIDE CITY LIMITS? Md. Harford 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME

MIDDLE

John Bauer

4 RACE

W

USA

76 CITIZEN OF WHAT COUNTRY?

Charles

TYPE OR PRINT

M

LYES, NO OR UNKNOWNS

No

166 SOCIAL SECURITY NO. 17 INFORMANT 705 05 2408

Mrs. Mildred Bauer

Sarah Ann Cannoles

BelAir, Md.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for touch), and ic Intracerebral Hemorrhage PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF gar Tensive QS. CV Ds Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE

MEGINOPIA

21b. TIME OF INJURY

P.M.

21e PLACE OF INJURY

190 DATE OF OPERATION

236. DATE

1/25/85

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 19

211 LOCATION

, and that in fragil (our) opinion death occurred on the date and hour and from the couses stated

200 AUTOPSY?

NO

COUNTY

20b. IF YES. WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NO [

21014

LAST

220.1 certify that (1) (this haspital) attended the degeosed from. 1/22/55 19

NOT WHILE

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL

DIRECTOR PHYSICIAN

CITY OR TOWN

22c DATE SIGNED

210 ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

(AT HOME STREET, FACTORY OFFICE FARM, ETC.)

23c NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.

Baltimore. Md.

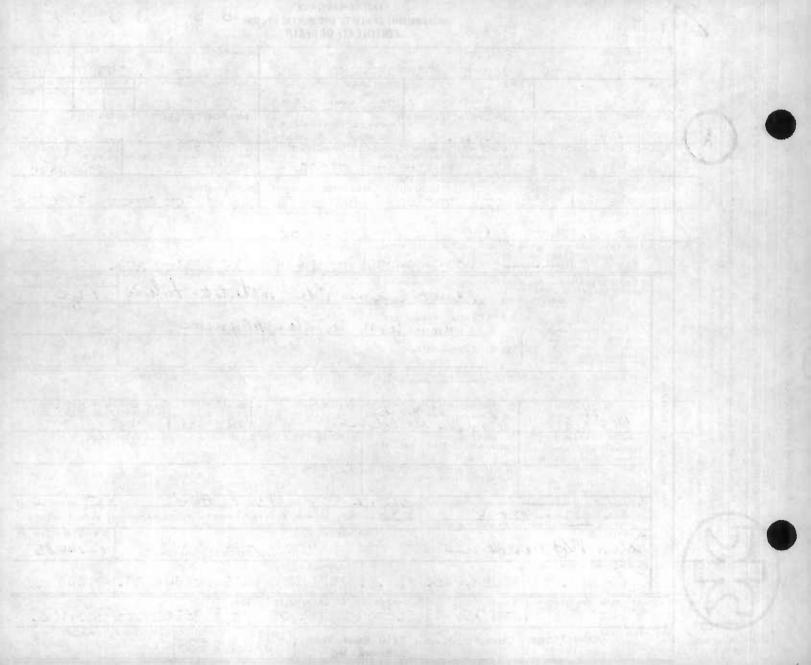
STATE

(SPECIFY Burial 24 FUNERAL DIRECTOR

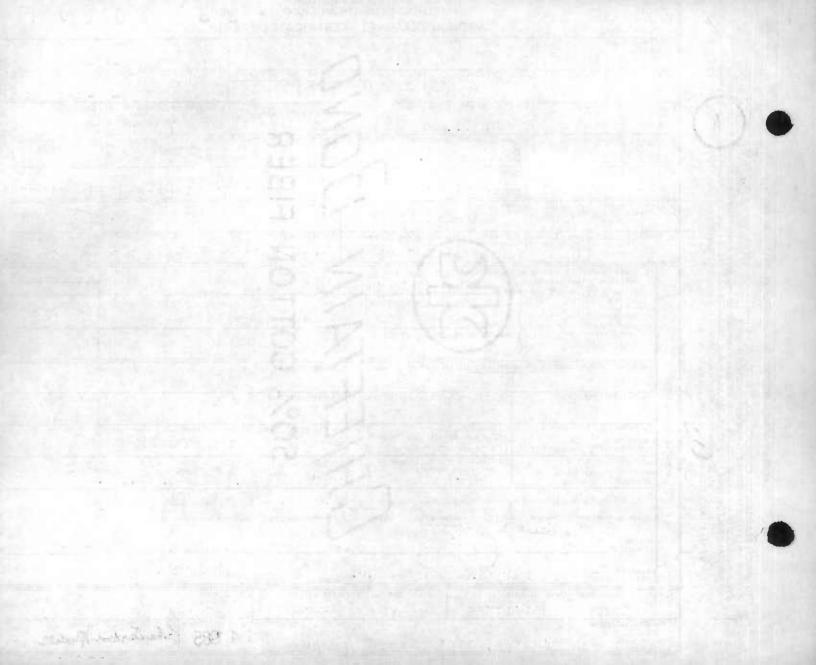
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.

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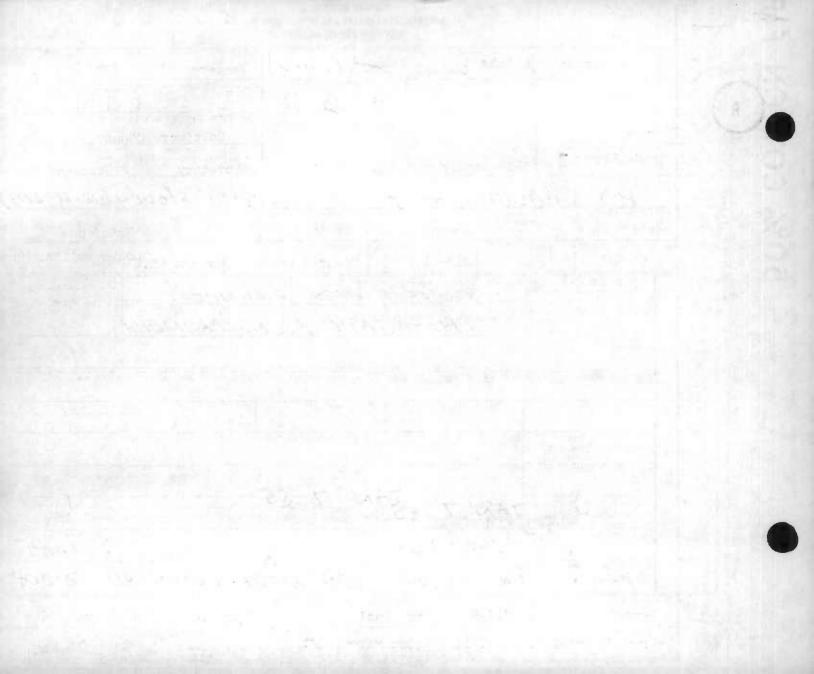


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IN NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION INTO GROWN 170 KINDUSTRY	$M_{\rm N}$,	U.S.	A .				Ba	1t imor	ce Cour	nt.v	AAD
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Unknown 219-38-1949 Henry Bell 5 D Green & Mountain Ct Conditions Converge Converge	16	. WAS DECEAS	ED EVER IN U.S. ARA	AED FORCES?			17 INFORMANT		A	ADDRESS			
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY. Multiple injuries		Unknow	vn (IF YES, GIVE V	WAK OR DATES	219-	38-1949	Henry H	Bell 5	D Gr	een 8	& Mou	ntai	n Ct.
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Multiple injuries	F	18 CAUSE	OF DEATH (Enter onl	y one cause per line	-							APPROXIMATE	EINTERVAL
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under- lying cause last. PART 7 DIRER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH NUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 i.e. 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING WAS PERFORMED? 2110. EXTERNAL CAUSE WAS UNDERLYING COURRED INJURY HOUR AM. MONTH DAY YEAR POWNED INJURY OCCURRED IENTER NATURE OF INJURY NITEM 18 PART 1 OR PART 2) POWNED WHILE NOT WHILE WAS INTEREST AND PART 2. P.M. 1.7. 85 19 210. Lectrify that 1 took charge of the remains described above, held an Autopy XXI. Inspection Inquiry and in my opinion death resulted from: Numbrul to Accident W. Suicide Homicide Undetermined manner D. ACTUAL SIGNAL CREMATION, REMOVAL 1236 DATE 123. NAME OF CEMETERY OR CREMATORY BURNEL 1. 1. 1. 7.85 AT BURIAL CREMATION, REMOVAL 1236 DATE 123. NAME OF CEMETERY OR CREMATORY BURNEL DATE 123. NAME OF CEMETERY OR CREMATORY BURNEL SIGNAL PROPERTY AND STATE 123. NAME OF CEMETERY OR CREMATORY BURNEL 124 BURIAL 1. 1. 1. 7.85 ADDRESS 125. DATE RECT. BY PRECISERAR 128 BEGISTRAR S. SIGNATURE 128. ADDRESS 125. DATE RECT. BY PRECISERAR 128 BEGISTRAR S. SIGNATURE 125. DATE RECT. BY PRECISERAR 128 BEGISTRAR S. SIGNATURE 125. DATE RECT. BY PRECISERAR 128 BEGISTRAR S. SIGNATURE 125. DATE RECT. BY PRECISERAR 128 BEGISTRAR S. SIGNATURE 125. DATE RECT. BY PRECISERAR 128 BEGISTRAR S. SIGNATURE 125. DATE RECT. BY PRECISERAR 128 BEGISTRAR S. SIGNATURE 125. DATE RECT. BY PRECISERAR 128 BEGISTRAR S. SIGNATURE 125. DATE RECT. BY PRECISERAR 128 BEGISTRAR S. SIGNATURE 125. DATE RECT. BY PRECISERAR 128 BEGISTRAR S. SIGNATURE 125. DATE RECT. BY PRECISERAR 128 BEGISTRAR S. SIGNATURE 125. DATE RECT. BY PRECISERAR 128 BEGISTRAR S. SIGNATURE 125. DATE RECT. BY PRECISERAR 128 BEGISTRAR S. SIGNATURE 125. DATE RECT. BY PRECISERAR 128 BEGISTRAR S. SIGNATURE 125. DATE RECT. BY PRECISERAR 128 BEGISTRAR 128 BEGISTRAR 128 BEGISTRAR 128 BEGISTRAR 128 BEGIS		PARTIC	DEATHER COLUCE	614		1 , , ,	ries				9.6.	IWEEN ONSET	T AND DEATH
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UNDERLYING CONTRIBUTION CAUSE OF DEATH P.M. 1-1-85 19 Pedestrian struck by a vehicle Pedestrian struck by a	7	190 DATE C	OF OPERATION	196. CONDIT	ON FOR WE	HICH OPERATION	WAS PERFORMED?				20	AUTOPSY?	?
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WHILE AT WORK AT WORK STREET FAGGORY, FARM, ETC.) 27a. I certify that I took charge of the remains described above, held an datapsy XX, Inspection Inquiry and in my opinion death resulted fram: No truling Accident X. Suicide Authorize Undetermined manner Accident X. Suicide		CONTRIBU	TING CAUSE OF D	EATH ? P.M.	1-?-8	35 19 p	edestrian	struck	by a	vehic	le		
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270. I certify that I took charge of the remains described above, held an Autapsy XX, Inspection Inquiry and in my opinion death resulted fram: Number Accident X, Suicide, Homicide Undetermined manner, TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS. T30. BURIAL, CREMATION, REMOVAL 73b DATE (SPECIFY) BURIAL 1/17/85 Arbutus Memorial Pk. Arbutus Md. 24 FUNERAL DIRECTOR NAME ADDRESS 1750. DATE 23c. NAME OF CEMETERY OR CREMATORY Md. 1750. DATE 2750. DATE REGISTRAR Md. 1750. DATE 2750. DATE REGISTRAR Md.	1		AT WORK	unk	•	9		11 Rd.	Balte	o. Co.	.,Md.	5 . 5 . 7	PTATE
death resulted fram: No.	4	770 1 co	rtify that I took chora	e of the remains desc	ribed above					3			
TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) BURIAL 1/17/85 Arbutus Memorial Pk. Arbutus. Md. 24 FUNERAL DIRECTOR NAME ADDRESS 250. DATE RECISTRAT 250 REGISTRAT 25	1								, , ,		and opinion		
ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL CREMATION, REMOVAL 23b DATE (SPECIFY) BURIAL 1/17/85 Arbutus Memorial Pk. Arbutus, Md. 24. FUNERAL DIRECTOR NAME (SPECIFY) ADDRESS 250. DATE REC D. BY REGISTRAR 23b REGISTRAR'S SIGNATURE NAME (ARBUTUS).		deam reso	1	17	ricelociii U	as, soldide L			marca marine				
EXAMINER'S NAME (TYPE OR PRINT) 736. BURIAL, CREMATION, REMOVAL (1786 DATE) BURIAL 1/17/85 Arbutus Memorial Pk. Arbutus. 746. DATE (1796 OR PRINT) ADDRESS 111 Penn Street 1/17/85 Arbutus Memorial Pk. Arbutus.				all					AI EVAMINE	CD CO	DATE 1-	12-85	
TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE STATE BURIAL 1/17/85 Arbutus Memorial Pk. Arbutus. Address 230. DATE REC'D. BY REGISTRAR 259 REGISTRAR'S SIGNATURE STATE ADDRESS ADDRESS ADDRESS ADDRESS	7	200000000000000000000000000000000000000	1	1							3IGNED		
736. BURIAL, CREMATION, REMOVAL 23b DATE STATE BURIAL 1/17/85 Arbutus Memorial Pk. Arbutus. 23d. LOCATION CHYORTOWN STATE Arbutus Memorial Pk. Arbutus. 25d. DATE REC.D. BY REGISTRAR 239. REGISTRAR 259. REGISTRAR 250. REGISTRAR 2	0	(TYPE OR PE	SNAME GY	regory R.	Kauffn	nan, M.D.	_ADDRESS	III Pen	n Stre	et			
BURIAL 1/17/85 Arbutus Memorial Pk. Arbutus, Md. 74 FUNERAL DIRECTOR NAME ADDRESS ADDRESS	23			3b DATE	23c. NA	ME OF CEMETERY	OR CREMATORY	23d. LOC	CATION		COUNTY	-	AIS
74 FUNERAL DIRECTOR NAME ADDRESS 750. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS ADDRESS ADDRESS				1/17/85	Ar	butus M	emorial	Pk. A	rbutu	s.	COUNT		AIE .
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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v requires th in signed by hen please r to burial, ci to jury, or	NO	PART 2 OTHER SIGNIFIC	st.	(c) DITIONS CONTR			OT RELATE	D TO THE TERM	NINAL DISE	ASE OR CO	ONDITION GI	VEN IN PART	I(a)	
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CTOR: A ruse as in of Health		22a 1 certify that (I) (thus	ve on	114	19	V	that in (my	, 19	, ta death occu	rred on the	date and ha	ur and from t	, that (1) (s	
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TO HOSPITAL retained by the TO FUNERAL I should be detact with the State D IMPORTANT: I		D. B.	EAR	D			22e ADDRE	SS Chart	Lant	4.11	Laur	Rout	- MI	21/2
or os	23e	BURIAL, CREMATION, REMO		D. DATE	23c N	AME OF CE	METERY OR	CREMATORY	23d. LC	CATION		/ (5/3/	1.61	-413
BP		Burial		1-7-8	85 G	reen H	ill Ce	metery		aynes	oro I	rankli	in Pen	
DHMH-16 25M	24 F	UNERAL DIRECTOR	ur	7	ADDRESS		C- 14	25a DAT			R 756. REGIS	TRAR'S SIGN.		,
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		FOR STATE REGISTRAR		DEPARTA	CERTII	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	HYGIEN	8 5 REG. NO	0 (0 2	9 7
		CEASED NAME FIRST	E D V	NIV		EDNAT	20	DATE OF DEATH			N HOUR
1	3 SEX		FRANK		5. DATE	SERNAT OF BIRTH	6. A	AGE (IN YEARS LAST BIRT			7:55 PM
;)	1	M	W		July	24, 1912 YEAR		72	YRS		HOURS MIN.
3	Baltimore, Md.		76 CITIZEN OF WHAT USA		WIDOWI		0 ' 6	BALT IM			
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33	13a :	AL RESIDENCE (IF NURSING HOME O STATE Md.	NTY BE	SIDENCE BEFORE ILY OR TOWI LITIMOT	ADMISSION) Ce	13d. INSIDE CITY LIMITS?	S? 13e	STREET ADDRESS / 930 E. La	zip code	. 2:	1212
DO	14 F/	ATHER'S NAME FIRST Frank Be	rnat	LAST		15. MOTHER'S MAIDEN		WIDDLE		LAST	
2			VE WAR OR DATES)	2 09 5		Mr. Paul D	D. Qı	ADDRE u intilia n		Weidne:	-12 r Ave.
er froumofic event, fig		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DEHYDRATION DUE TO, OR AS A CONSEQUENCE OF Gover rise to immediate couse (a), storting the Underlying course loss. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Underlying course loss.									ATÉ INTERVAL SET AND DÉATH
Sony injury, or other	CERTIFICATION	PART 2 OTHER SIGNIFICANT ((c)CONDITIONS <u>CONTRIB</u>	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			2	On AUTOPSY?	206. IF YES, W	WERE FINDINGS USED	
-	CERT	710. ACCIDENT WAS UNDERLYING			Y YEAR	21c. HOW INJURY OCC	_ 1	(ENTER NATURE OF INJUR	YES [numer of the same	NO 🗌
morked of nem	MEDICAL	OR CONTRIBUTIONS CAUSE OF DE- LIF ETHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AL WORK AL WORK	2111	URY	19	211 LOCATION STREET		CITY OR TOV	VN	CONNIA	STATE
\$1.17	S	22a.1 certify that (1) (this hasp sow the deceased alive on abave, (1) (we) (did) (did no	1/17	10 \$	3.5_, or	nd that in (my) (our) apinion	ion deatl	to	te and hour or		ot (I) (we) lost uses stated
. If Hem		27b. SIGNATURE	bern			DEGREE ATTENDING PHYSICIAN	G M	EDICAL STAF	f IAN []	22c. DATE SI	GNED
T AND THE STREET		DR. K. UE				GBMC					
	(BURIAL, CREMATION, REMOVAL (SPECIFE BURIAL)	1/21/85			emetery or cremator edeemer Cem.		Baltimo	re, Md	OUNIY	STATE
7/84		UNERAL DIRECTOR TCHELL—WIEDEFE	LD HOME, IN	C. ADDRESS 6.	500 Y	ork Rd.	DATE REC	7°2°4°1985	Sh REGISTRAJ	ES ES SHATE	andelle

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

13 12 1100 117 24, 1 12 altimore, ... The action contat tate of .. altiore 2121 rino ran' erict einer ve. ELECTION DE DITTE LA inl 1/15 of core set altion, (. 500.000

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR TYPE OR PRINTS January 6, 1985 Robert Bichell 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 1914 White August 16. Male TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore County Mary land WIDOWED DIVORCED CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Electrician 1209 Sabina Avenue Mt. Washington SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 1209 Sabina Avenue 21209 Baltimore Maryland YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Meyer Bichell Dora Ioshua WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) 214 18 9053 Catherine M. Bichell Same 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if any, which

IF UNDER 1 YEAR IF UNDER 24 HRS 126 KIND OF BUSINESS OR Manufacturing APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO NO [21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71n ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TEAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d IN IURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ and that in (my) (our) opinion death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did nat) 775. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 600 Reisterstown Road Dr. Peter Oroszlan Pikesville, Md. 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial Woodlawn, Balto.Co. 1/09/1985 Woodlawn Cemetery 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT

Burgee-Henss Funeral Home, Balto.Md. 21211

25a. DATE REC'D. BY REGISTRAR 25 WREGISTRAR'S SIGNATURE



BP______ DHMH - 16 50M 4/8 (VRA 15, 4)

1 - 5	FOR STATE REGISTRAR			DEPART		EALTH AND MI		REG. NO		tic/up	
1. DECE	ASED NAME	Lorei		MIDDLE	BIR	KENBACH		January 3	1, 1985	YE AR	2b. HOUR 3:20Р
	LE THPLACE (STATE OR RYLAND			E WHAT COUNTRY	5. DATE C MONTH 7 ? 8. MARRINE WIDOWE	DAY 23 DIENEVER MA	YEAR 10 ARRIED D	6. AGÉ (IN YEARS LAST BIRTI 74 9. BALTIMORE CITY OI Baltimore	YRS. COUNTY OF	DEATH	IF UNDER 24 HR HOURS MIN
RO	OR TOWN OF DE		FRANKL	OSPITAL, NURSI	HOME OF HOS	OR OTHER INSTIT		12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE)	126 KIND O INDUSTRY	ton -
MA MA	RESIDENCE (IF NUR ATE RYLAND HER'S NAME	SING HOME OR 13h, COUN BALTI	OTHER INSTITUTION, TY MORE	GIVE RESIDENCE BEFOR		13d INSIDE CITY YES TO THER'S A	10,5	13e.STREET ADDRESS / 4132 Grape	ZIP CODE	Ave.	21236
IS. PAIR	Alphon	se Ĉ	Conrad	Birkenba	ach		ivia	Ann		Kelt	у
16a, WA	AS DECEASED EVER		MED FORCES?	16b. SOCIAL SEC 216-05-		17. INFORMAN Ethel		rkenbach 41		e Hil	1 Ave.
NOI	Conditions, if ony gove rise to im couse (o), stoti underlying couse PART 2. OTHER SIG	mediote ng the e lost NIFICANT C	(c)ONDITIONS CO	R AS A CONSEOU DINTRIBUTING TO	DEATH BUT			INAL DISEASE OR CONE	ITION GIVEN 20b. IF YES, WIN CERTIFYIN	ERE FINDIN	GS USED
RTIF	71g. ACCIDENT WAS UN	DESIRE F	21b. TIME O	E IN HIDV	1000	Tale HOW INTH	IBY OCCUPD	YES NO X	YES [NO 🗌
	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	210.11000 11030	JK I OCCURR	ED (ENTER NATURE OF INJUR	TIN HEM IB PAKI	TORPART2)	
ME	WHILE NOT WAT WORK	HILE	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	1	CITY OR TO	٧N	COUNTY	STATE
	270. I certify that N saw the deced obove the (we) 27b SIGNATURE	ed olive on did (dww.	ol) ottended the Januar	e deceased from y 31 19 19 6fter death.	Janua 85	DEGREE AT	TENDING	, to	te and hour or		
7	27d. PHYSICIAN'S N		dman, M	D	1	22e ADDRESS		n Square Dr		37	
	RIAL, CREMATION PECIFY) Buria		236 DATE 2-4-85			EMETERY OR CR		23d. LOCATION Center City or Town	Baltim	ore, l	Maryla
24 FUN	NERAL DIRECTOR	1=14	79	01 Popest	de Ro	1. 2113		REC'D. BY REGISTRAR	Sb. REGISTRAF		

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	Pla 2.15 want?			Girannie.	
	en. Tulttako		det .t	22-1-85	Takus 1
Birth St.	National Property	145 785/8		Dept 1	

(VRA 15, 4)

STATE OF MARYLAND

MONTH

WIDOWEDX

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BLACKBURN

REG. N

Ю.		
нтиом	DAY	YEAR

20. DATE OF DEATH 26 HOUR 11:15 1985 January 21 IF UNDER 24 HRS HOURS.

5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) YEAR July 15.

9. BALTIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED

DIVORCED [

1903

Baltimore County

12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Own Home

13e.STREET ADDRESS / ZIP CODE

13d. INSIDE CITY LIMITS? 3024 Hernwood Road

15 MOTHER'S MAIDEN NAME FIRST

21163

MIDDLE Sarah

LAST Sweet

ADDRESS 17 INFORMANT 2121 Arlonne Drive Beatrice G. Gover Catonsville, Md. 21228

18 CAUSE OF DEATH Enter only one couse per temper (o) (b), and (c).) The PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREMIATION & Malnutrition &	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF USE TO SECURATE OF THE CONSEQUENCE OF (c) SECURATE	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)

21f. LOCATION

CERTIFICATION

216 TIME OF INJURY

P.M

21e. PLACE OF INJURY

HOUR A.M.

E.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Woodstock

Murphy

166 SOCIAL SECURITY NO

219-32-4532

LAST

3024 Hernwood Road

76 CITIZEN OF WHAT COUNTRY?

MONTH

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DAY

19

ATTENDING

IN CERTIFYING CAUSES OF DEATH? YES T

21c. HOW INJURY OCCURRED

CITY OF TOWN COUNT

STATE

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated STAFF

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

5772 Westview Mall, Baltimore, Md. 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN COUNTY Marriottsville

Md 250. DATE RECO BY REGISTRAR 751 REGISTRAR'S SIGNATURE

STATE

MPORTANT. William J. Bryson M.D. 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

22a. I certify that (I) (this haspital) attended the deceased from

saw the deceased alive an above, (1) (we) (did) (did not) view the bady after death

21d. INJURY OCCURRED

FOR

REGISTRAR

FRANCES

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

Baltimore

MIDDLE

0.

13b. COUNTY

White

U.S.A.

1. DECEASED NAME

Female

Maryland

10 CITY OR TOWN OF DEATH

Woodstock

Maryland

(YES, NO OR UNKNOWN) No

Louis

160 WAS DECEASED EVER IN U.S. ARMED FORCES

14. FATHER'S NAME

TO BIRTHPLACE (STATE OR FOREIGN

- STATE

[TYPE OR PRINT]

3 SEX

130 STATE

Crestlawn Cemetery

DEGREE

24 FUNERAL DIRECTOR Leroy M. & Russell C. Witzke Funeral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

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MEDICAL



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7

FOR STATE REGISTRAR

STATE OF MAKTLAND										
DEPARTMENT	OF HEALTH	AND MENT	AL HYGIENE							
CE	RTIFICATE	OF DEAT	H							

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	PE OR PRINT) FIRST		NIDDLE		CKSTONE	2a DATE OF DEATH	1 07		12 : 35 Д
3. S	FEMALE	4 RACE WHITE		5. DATE (AY 1, 1916	6. AGE (IN YEARS LAST BIF		UNDER I YEAR	HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	U		MARRIE WIDOWE	DI DIVORCED	BALTIMORE CITY S	Noug	HAR LE	ES ST,
1	TOWSON	GBMC°	-6701 STRN .	CHA	ARLES ST.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWIF	OF WORKING LIFE)	INDUSTRY	HOME
5 130	UAL RESIDENCE (IF NURSING FOME O STATE 136 COUL MARY LAND HAR	VIY	GIVE RESIDENCE BEFORE A 13t. CITY OR TOWN BEL AIR		YES XX NO 🗆	13e STREET ADDRESS 203 RED P	ZIP CODE UMP RD.	210	14
0	FATHER'S NAME FIRST MAX	MIDDLE	OMANS KY	Te	15. MOTHER'S MAIDEN NAM	MIDDLE		UNK	NOWN
2	NO	VE WAR OR DATES)	054-09-7	446	203 RED PUMP		¶®NE AIR, MD		
Г	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly one couse per l D BY TE CAUSE (a)	ADVANCE	Ď MA	ALIGNANT LYM	1PHOMA		BETWEEN	XIMATE INTERVAL ONSET AND DEATH
NO	Conditions, if any, which gave rise to immediate cause iol, stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, OR	R AS A CONSEQUEN R AS A CONSEQUEN ONTRIBUTING TO DE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	N IN PART 1	a
CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH C	OPERATIO .	N WAS PERFORMED	200 AUTOPSY? YES NO YES YES YES YES YES TO NO YES YES YES YES			NGS USED S OF DEATH?
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.A	M. MONTH DAY	YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF IN)	IRY IN ITÉM 18 PAR	TIOR PART 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY EET, FACTORY, OFFICE, FAR	RM, ETC)	211 LOCATION STREET	CITY OR TO	own	COUNTY	STATE
	22a. I certify that (I) (this hasp sow the deceased alive ar abave, (I) (we) (did) (did no		deceased from 8		nd that in (my) (aur) apinian c	death occurred an the d	ate and haur o		
	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D							1/07	7 /85
	S. P. GIRDHA				GBMC -6701 N	.CHARLES	ST.		YV
230	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL				EMETERY OF CREMATORY AVID MEM. GARD	23d LOCATION		IOUNTY VI	RGINTA
24	FUNERAL DIRECTOR SOL	LEVINSO	N & BROS.	, IN	C. 25a DATE	E REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNAT	TURE

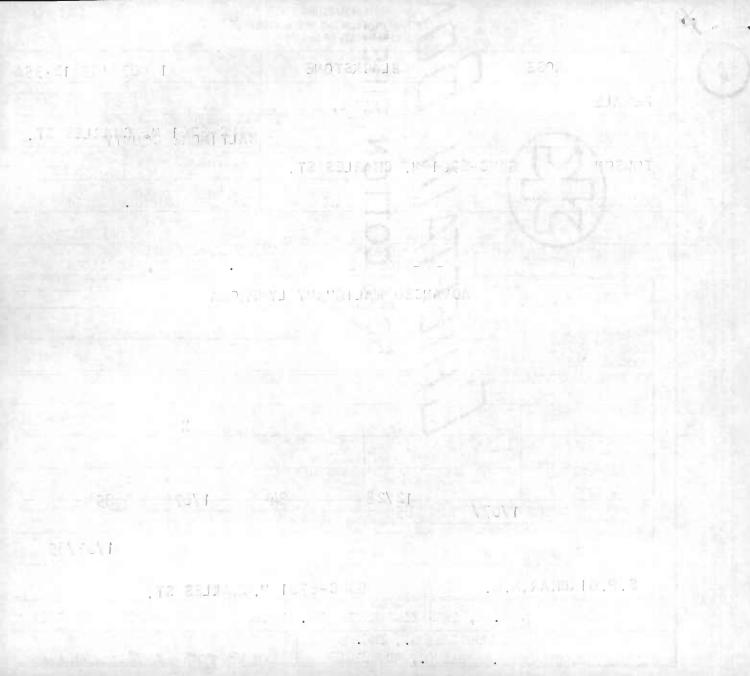
DHMH - 16 60M 7/B (VRA 15, 4)

TO FUNERAL DIRECTOR, An should be detached for use or with the State Dept. of Health MPORTANT, If hem 21 is mo-

6010 REISTERSTOWN RD

21215 BALTO.

MD



Sand State S

V	1 -	STATE REGISTRAR			DET ARTH		ICATE OF DEATH	REG. N	10.			
	I. DECEASED NAME FIRST (TYPE OR PRINT)				RICE B	LALC	OCK	IS DAIL OF DEATH	January 8, 1985		26. HOUR 10:00 M	
160	3. SEX			4 RACE 5. DATE MONITOR AUG			F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BE	RTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
19	Te	Male RTHPLACE (STATE OR F COUNTRY) Ennessee ITY OR TOWN OF DEA		THE CITIZEN OF WHAT COUNTRY? 8			NEVER MARRIED DI DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 120 USUAL OCCUPATION 12b. KIND OF BU (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			MD F BUSINESS OR	
36	USU	_utherville AL RESIDENCE (IF NURS STATE MD	136 COUN	5 Spr	ring Hous	SE RO	oad 134 Inside City Limits? YES	Assistant	VP	Hosp	stration	
30		Alfred		VIDDIE	Blalock		15. MOTHER'S MAIDEN NA Mary	AME MIDDLE O'B		O'Brya		
Discourage of the control of the con				ARMED FORCES? GIVE WAR OR DATES) Pean 212 36				Lical II I I I I I I I I I I I I I I I I I			Same	
	NO	Canditions, if any, gave rise to imreause (a), stating underlying cause	which mediate ig the last.	(b) DUE TO, O	r as a conseque	ence of	NOT RELATED TO THE TERM		NDITION G	SIVEN IN PART 110		
2	CERTIFICATION	19a DATE OF OPERA			TIME OF INJURY 1216 HOW INJURY OCCU			200. AUTOPSY? 200. IF YES, WERE FINDINGS USED NO CERTIFYING CAUSES OF DEATH? YES NO YES NO			OF DEATH?	
or men or participation of the	MEDICAL CE	OR CONTRIBUTING (IF EITHER NOTIFY MEDI-	CAUSE OF DEA CALEXAMINER RED	HOUR A P. 21e PLACE	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	19	211 LOCATION STREET	CITY OR TO		COUNTY	STATE	
TO THE STATE OF TH		22a certify that (1) (this hospital) attended the deceased from										
AN 1		2726. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OF PRINT) 226. DATE SIGNED 227. DATE SIGNED 228. DATE SIGNED 228. DATE SIGNED 228. DATE SIGNED										
2	22- 5	Dr. Mar				LAME OF C	601 N. Bro		alto.	, MD 2	21205	

Druid Ridge

Pikesville,

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MD

DHMH - 16 50M 4/83 (VRA 15, 4) Burial

1/11/85

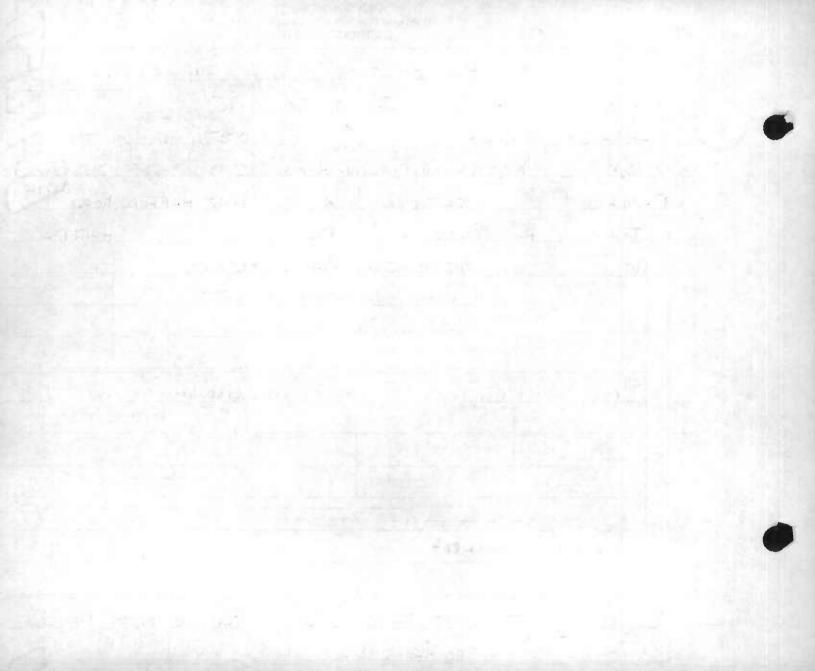
^{24 FUNERAL DIRECTOR} Herry W. Jenkins & Sons Co. 4905 York Road Balto., MD 21212 The state of the s

DHMH - 16 50M 4/83 (VRA 15, 4)

ji	1		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH STATE CERTIFICATE OF DEATH REG. NO.								0 6
	-		CEASED NAME FIRST	MIDDLE LAST			20. DATE OF DEATH MONTH DAY YEAR		YEAR	2b. HOUR	
y b	5 C	_			ankenship			January 19			3:15pm
9е 4 то	U	3. SE	Male	A RACE White 7b. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSING KANOT IN SUCH FACILITY ONE STREET Franklin Sq. Ho							
eoth. Po	Ber St		RTHPLACE (STATE OR FOREIGN GUNTRY Virginia							MD.	
s ofter d	6		ossville 21237							126. KIND OF	kind of Business or USTRY TECRAST
24 hou	The state of	USU.	AL RESIDENCE (IF NURSING HOME OF ATTE 136 SOUR	timore ISSEX		admission) N	YES NO Y	12 STREET ADDRESS / ZIP CODE 22		212	21
red within	1100	14. FA	THER'S NAME FIRST William	"Ballar		_		Alice	Cadle		
pe execu	Poges Poges		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIT YES	MED FORCES? 166 SOCIAL SECUR (E WAR OR DATES) 235 18				ADD 26 5 Souther Daughter Balto., Md.		Md. 2	1221
rhficate à	physicio on popers emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	ly one cause pe D BY: E CAUSE (a)	r line for (a), (b), one Respirate		rrest			APPROXIV BETWEEN C	MATE INTERVAL DINSET AND DEATH
that the death ce	d by the attendin ease remove carb iol, cremation, or a prother troumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	Pancreat	Effus: INCE OF IC Car					
requires	en signe Then plant to bur	NOI	PART 2 OTHER SIGNIFICANT								
he low	hos be	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOW		WERE FINDIN NG CAUSES	
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NG PHY	fter this os the but hond A	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOW	VN	COUNTY	STATE
Spital or	CTOR: A Ifor use of Health	1	270 certify that (**) (this hospital) attended the deceased from January 9, 19.85, to January 19, 19.85, that (**) (we) lost saw the deceased alive on January 19, 19.85, and that in (**) (aur) apinion death accurred an the date and hour and from the causes stated above, (**) (we) (did) (did) (mill mill) view the body after death.								
TAL OR A	RAL DIRE detached inte Dept		m Ver	nn	y M	~	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		1-19	9–985
O HOSPI	should be with the St.		Merlyn Ver				9000 Frankli	in Square Dr	.,2123	7	
BP		23a. I	BURIAL, CREMATION, REMOVAL	1/22/			of Faith	Baltimore	Co.,	Md.	STATE

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		director, Lie	alifol	008 810			
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					-1/20/35-		110

16	1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HY	YGIENE REG, NO.	
y be ged a least		CEASED NAME PIRST	aor H.	Bless	VLC	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
and	C . 56	IALZ	4 RACE	JAG	11 100		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
(1)	n	RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A.	MARR		BALTIMORE	County M
1190	8	ITY OR TOWN OF DEATH	RIVER V	CILITY, GIVE STREET ADDRESS)	or other institution	TYPE OF WORK FOR MOST OF WORK	at Obs Envalue
out 24 ho	2	ALPE TENCE (IF NURSING HOME O	NTY	CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO 1	6065 HARF	ORO ROAD DAILY
30)	VAS DECEASED EVER IN U.S. A	H. BL	SSING SOCIAL SECURITY NO.	FIRST PROPERTY OF THE PROPERTY	MIDDLE	HARTMAN
the seek on and re. Pages		(IF YES, GIV	(E WAR OR DATES)	503652	Family	RECORDS	
g physic on pope removal event.		18 CAUSE OF DEATH Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly ane cause perfine ED BY: TE CAUSE (0)	far (0), (b), and (c).	ronaly A	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
unt the death or by the ottendar site tempor cart is compiler, or other traumatic		Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last	(6)	A CONSEQUENCE OF	<u>a</u>	× 5.458	
requires the state of the place	NOIT	Dones, tos	olcer; H	uperteus	ion. Speece	RMINAL DISEASE OR CONDITION	caidant
The fow con.	CERTIFICATION	190 DATE OF OPERATION		n AOR WHICH OPERATI		YES NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES
SECIAN. Option of physical contribution of the	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DAY YEAR	R	JRRED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)
NG PHY oriental or the bis orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF I (AT HOME, STREET,	NJURY FACTORY, OFFICE, FARM, ETC.}	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEND engelal o ECTOR o d for use r of Heal m 21 is m		220. I certify that (I) (this hosp saw the deceased alive or abave, (I) (we) (did) (did no		19		on death occurred an the date and	
PALOR DATE TO THE TO THE TO THE TO THE TO THE		22h. SIGNATURE	wout	11.5.	DEGREE ATTENDING PHYSICIAN		222. DATE SIGNED
TO FUNERAL should be det with the State with the State		220. PHYSICIAN'S NAME IT PE			22e ADDRESS		
BP	B	BURIAL, CREMATION, REMOVAL SPECIFY) URIAL	JAn. 23, 19	185 PARKI	CEMETERY OR CREMATORY	PARKY DE BE	AUTO. MARYLANO
OHMH - 16 60M 1/75 (VR A 15 (4))	0	harles F. Evan		ADDRESS CO HARFIRO	ROAO JAN	ATE REC'D. BY REGISTRAR 256, RE	GISTRAR'S SIGNATURE



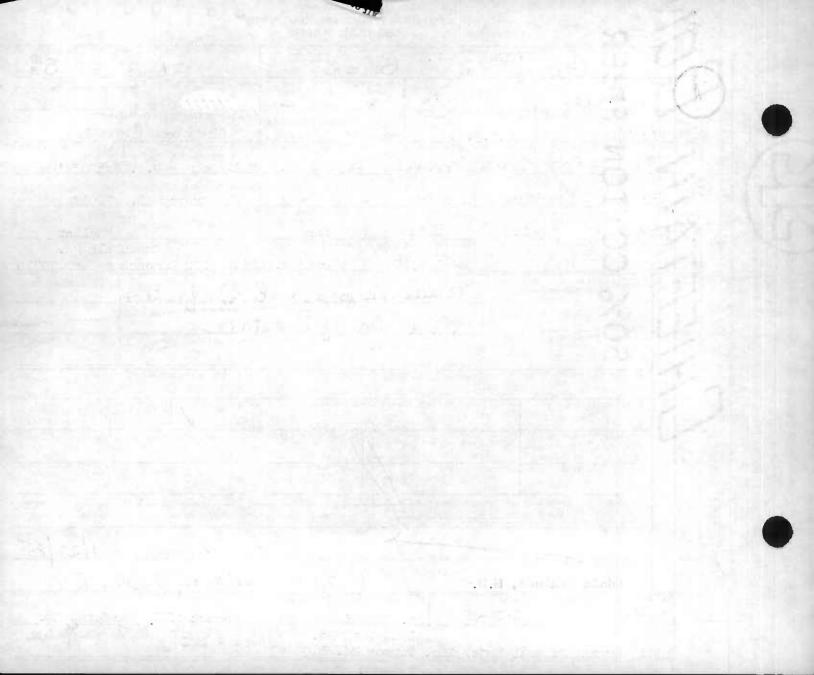
6	1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1		CEASED NAME FIRST GARI	MIDOLE D. D.	LEVINS	24 DATE OF DEATH MONTH DAY	YEAR 2b HOU
)				LEVINO Is date of birth	JANUARY 2, 1985	7:10A
	3 SEX	Male	4 RACE White	MONTH DAY YEAR	MONTH	S DAYS HOURS
,	7- DI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	Oct. 5, 1914	70 YRS	PATH
%	(OUNTRY)	USA	MARRIED MEVER MARRIED	BALTIMORE COUNTY	ZEAIN
2		irginia TY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED		b. KIND OF BUSIN
11	15.50	ssville 21237	Franklin Square	ADDRESS) Hospital	Tool Die Maker	Martin Co
36	13a. S	TATE 13b COUR	other institution, give residence before NTY 13c. CITY OR TOW Middle	N 113d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 7 Helicopter Driv	ve 21220
30		THER'S NAME FIRST	MIDDLE LAST PLAST	15. MOTHER'S MAIDEN N.		LAST
1	16a V	AS DECEASED EVER IN U.S. AR	MED FORCES? HASOCIALSEC	PRIMINO. 17 INFORMANT	ADDRESS	
	(Yes Yes GI		580 Linda R. Al	lio 419 Knollmyer H	Rd. 21220
		18 CAUSE OF DEATH (Enter or	ily one couse per line for 1a), (b), or D BY:	dicil		APPROXIMATE INT
			D BY: CARDIOR	ESPIRATORY ARREST		
	NOI	PART 2 OTHER SIGNIFICANT ((c)	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN	PART No
3	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		RE FINDINGS USE CAUSES OF DEA NO
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART LO	OR PART 2)
	MEDICAL	216 INJURY OCCURRED WHILE OT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	250516250		YINUO
		220 I certify that (this hosp saw the deceased alive of above, (we) (did) (and	tal) attended the deceased frame. JANUARY 2 19 1) view the body after death.	DECEMBER 30 , 19 . 8	death occurred on the date and hour and	
		Carol a.	Gosnell	M. D. ATTENDING PHYSICIAN	MEDICAL STAFF	1/1/85
1		224. PHYSICIAN'S NAME (TYPE C	SNELL M.D.	22e ADDRESS	IN SQUARE DRIVE	21237
E		CAROL GO URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	123d LOCATION	21231

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injury, or other troumotic event, th

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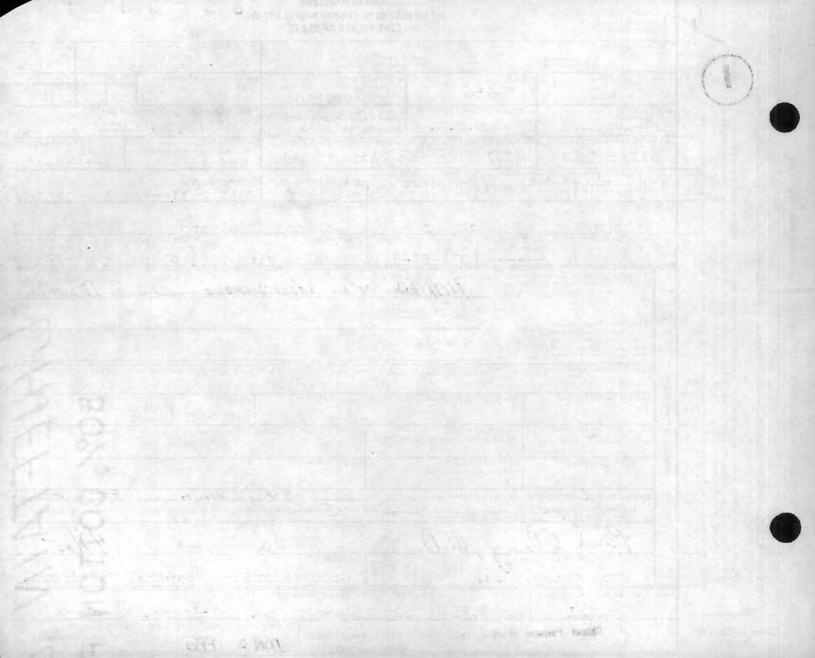
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1	FOR			DEPA	RTMENT OF H	IEALTH AND MENTAL HY	GIENE				
1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
I. DEC	EASED NAME	FIRST		AIDDLE	1	LAST	2g. DATE OF D		NTH DAY	YEAR 2	2b HOUR
(TYPE	OR PRINT)		ORGE /	W.	RI	BLICK		,	27		510
		Jeor	je (N		ICK		- 1	27	85	OAM
3 SEX			RACE		5. DATE C		6. AGE (IN YEAR	S LAST BIRTHDA	MONTH		HOURS MIN.
	Male			White	8		100	64	YRS.		
7o BII	RTHPLACE (STATE OR	FOREIGN 7b	CITIZEN OF V	WHAT COUNT	RY? 8		9 BALTIMORE			EATH	
	OUNTRY)				100000000000000000000000000000000000000	D NEVER MARRIED	1 Q	20ta	00	. = +.	
	rginia Ty or town of DEA	A TLA	U.S.A		WIDOWE	DIVORCED DIVORCED	120 USUAL OC	CURATION	1 000	L KIND OF	BUSINESS OR
10 C1				H FACILITY, GIVE ST		DR OTHER INSTITUTION	(TYPE OF WORK FO			IDUSTRY	PROSINESS OK
	Ionsa	n	Stelle	a ma	aris	Hospice	Mail Ro	oom -	U.S.Po	st Of	fice
PSU A	L RESIDENCE HE NUR	NZE COUNTY	HER INSTITUTION	130 CITY OR TO	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET AD	DECC / 71	P CODE		
	ryland	Harfo		Belair		YES NO S		ressy		21014	
	THER'S NAME	Harre	,Iu	Detail	-	15. MOTHER'S MAIDEN NA		ressy	RQ.	21014	
	FIRST		DIE	LAST		FIRST		MIDDLE		LAST	
	omas	Lei		Bli		Ann				Muell	er
	AS DECEASED EVER	IN U.S. ARME		166 SOCIALSI	ECURITY NO.	17 INFORMANT		ADDRESS	Greenb	elt, M	d.
No		(18 723. 0172 11		094-16-	-6374	Thomas R.	Blick-91				
	18 CAUSE OF DEAT	H (Enter only				1 2110111410 211				APPROXIM	ATE INTERVAL NSET AND DEATH
	PART I. DEATH W	AS CAUSED I	BY:	acui	1 1	luna dia	0	1.	+	BELATEN ON	SET AND DEATH
-		IMMEDIATE	CAUSE (o)	au	100 111	uzo car ou a	COM	Have	um	_	
	1,1 %		DUE TO, OF	R AS A CONSE	QUENCE OF	1 D.	- 1				
	Conditions, if ony,		(b)	SUL	X. U	a of the	Mate	,			
	gove rise to imm		DUE TO OF	R AS A CONSE	OUENCE OF	U					
	underlying couse			AS A COISE	GOLIVEE OI						
-	DART 2 OTHER SICK	NIEICANIT CO	(c)	NITRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE C	OD CONDITI	ONICIVENIA	L DADT 3	
Z	PART 2 OTHER SIGI	VIFICAINT CO	ADITIONS CC	MIKIBUTING	TO DEATH BUT	NOT KELATED TO THE TERM	MINAL DISEASE C	OK CONDIII	ON GIVEN IN	Y PAKI IIO	
MEDICAL CERTIFICATION			T					nio In	. 18 MEC 144E		
CA	190 DATE OF OPERA	TION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPS		Ib. IF YES, WEI		
TIF							YES N	102	YES		NO 🗌
CER	210 ACCIDENT WAS UNI		216 TIME OF		and market	21 HOW INJURY OCCUR	RED (ENTER NATUE	E OF INJURY IN	ITEM 18 PART 1 C	OR PART 2)	
AL	OR CONTRIBUTING		HOUR A.F	M. MONTH	DAT TEAN						
OIC.	21d INJURY OCCUR		Zia PLACE C	-	1	7H LOCATION					
ME	1 1111111		LWI HOME THE	BET FACTORY, OFF	CE, TABLE SEE !	STREET		ITY OR TOWN	C	OUNTY	STATE
	AT WORK A A	, LJ			1/						
	22a I certify that (1)	(this hospital	ottended the	e deceased fro	m	19	, to			, th	not (I) (we) lost
	nbove, (I) (we) (ed alive on	one the books	ofter death	9-11-0	nd that in (my) (our) opinion	deoth occurred o	on the date	ond hour ond	from the co	ouses stated
	12h SIGNATURE			ALTO MAINTEN	*(DEGREE				22c. DATE SI	IGNED
	100000				_	ATTENDING	MEDICAL	STAFF		1/2	2/00
	22d PHYSICIAN'S FO	WASSE Trade the r	CALC.			PHYSICIAN [DIRECTOR 🗹	PHYSICIAN	1	1 ol	11 63
							Dul.		1 00	0	1
_	Eddie	Nakhud	a, M.D.	•		2300	su (ar	ley L	alle	4K	d
	URIAL, CREMATION,	REMOVAL	23b DATE	2	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATI		4.0	1	STATE
Bu	rial		1-29-8	35	St Tan	atius Church			1, Har	ford.	
_	INERAL DIRECTOR						TE REC'A MAREC	USIRAR 25b	REGISTRAR'S	SIGNATU	0
	NAME					ork Rd.	ANZYI	985	- Dear Day	rason-1	fandall
Rı	ick Towson	Funera	al Home	Inc.	Towson	,Md.21204					



Baltimore Md

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

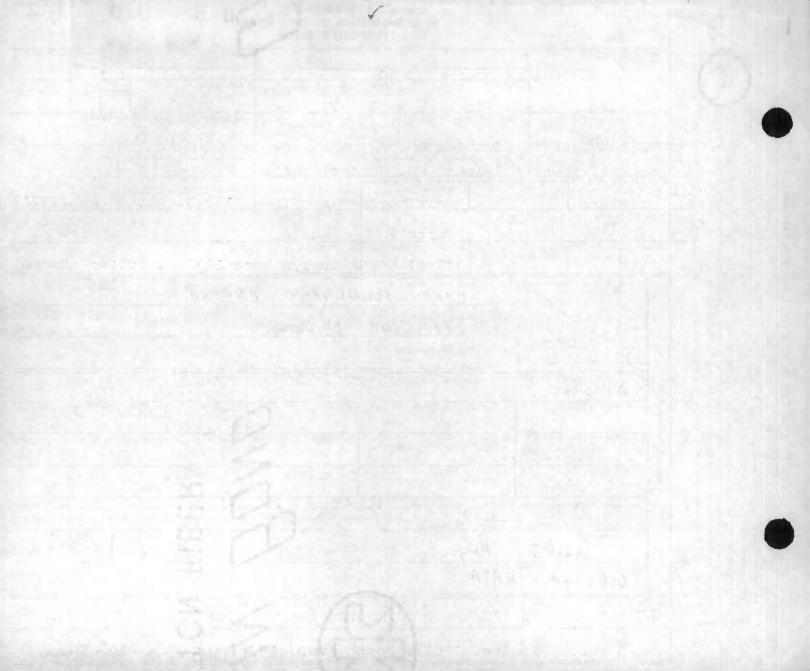
CERTIFICATE OF DEATH

- STATE

REGISTRAR

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	M. Komean 974				Mass Commercial
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No.					
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				total simen	THE PERSON NAMED IN
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Louis L. H. Palas Beat Tak Theorem



1 1			FOR L8-	22a 4/11,	/85 mtb	DEPARTMENT	OF HEALTH	I AND MENTAL H	YGIENE	5	0 0	3		3
14 18	*		STATE REGISTRAR	F#60:	2 ME	DICAL EXAM	AINER'S	CERTIFICATE O	FDEATH	REG	NO.		1	
N			CEASED NAME OR PRINT)	E FIRST		MIDDLE		LAST	2a	DATE KNOWN	1 MONTH	DAY	YEAR	2b. HOUR
	# 8.5.8 F.	(177)	CHPRINI	ROBIN		L.	BO	OND	1	OF ESTI-	x 1	10 1	9 85	
1	A COLOR	3. SEX		4. RACE	S. DATE OF BIRTH		(IN YEARS IF UT	DER 1 YR. IF UNDER		DATE	MONTH	DAY	YEAR	2d HOUR
H	NAKEN.	Fei	male	White	Oct. 1,		YRS.	HS DAYS HOURS	MIN. PRO	DEAD	1	11	1985	6:02 a _M
1	まるで 単語 クバ		RTHPLACE (S		76. CITIZEN OF W	HAT COUNTRY?	8 44400	IED NEVER MARRI	9 6	ALTIMORE CIT	Y OR COUN			
	関係を見るクク		ryland		II.	S.A.	WIDOV			Baltimor	e Cou	ntv		440
7	WHITE STATE		TY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL NURSING H	IOME, OR OTH		12a. USUAL	OCCUPATION		12b KIN	D OF BUS	SINESS
1	SESEN/	Bar	ndallst	own /	8321 Mi	ndale Cir	Cle			of working Life)	Nurse		INDUSTR	Hosp.
1-	ST ZE ZE	USUA	L RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE AL	MISSION)	1			Nulse		21207	
120	を発売したり	130. S Ma:	ryland	Balt	imore	Randal		13d INSIDE CITY LIMITS? YES NO 1	13e. STREET	Mindal	o Ciro			
0	E No Wild ET		THER'S NAME		ZMOZE	Randal	13 COWII	15. MOTHER'S MAIDE		Tilldal	e CIIC	ie A	pt. (
*	H-MON A	7	Richar		MIDDLE	LAST		FIRST	14 14 MAIL	MIDDLE			AST	
080	39 8 400 - A	16n V		D EVER IN U.S. AR	E.	Whedbe		Nancy 17. INFORMANT	7	L.	ECC	Lang	-	
ALT.	E4586 /	(YI	ES, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)					Pasaden	•	ryla		
N N	JRS A WITH DIVE	-	NO			218-70-		Nancy L.	Brown-	424 Riv	erside		211	
ST.,	MAT.		PART I DE	ATH WAS CAUSE	nly one couse per line D BY:			ahuaa				BETWI	EEN ONSET	AND DEATH
PRESTON ST	NAL VAL		XXX	IMMEDIA	TE CAUSE (0)	Intravenou		abuse						
EST	HIN 24 FIR III NSIT PI L HYGI EMOV.		Canditio	ns, if ony, which		R AS A CONSEQUE	ACE OF					135		
	FU2444		gave ri	se to immediate	(b)						4-			
W.	A PENCAMINAL TRANSPORTATION		lying cau	stating the <u>under</u> use last.	DUE TO, OF	R AS A CONSEQUEN	NCE OF					31.5		
5, 201	NO A PION				(c)									
DIVISION OF VITAL RECORDS,	JUD BE EXECUTE! "PENDING" IN IF F MEDICAL EXA ED AS A BURIAL HEALTH AND MIL, CREMATION,	7	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	E TERMINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 to c					
EC	AS A CRE/	후	10- DATE OF	OPERATION	Ties conto	ITION FOR WHICH	DDERATIONIN							
A.	HOULD HIEF A USED OF HE	CERTIFICATION	190. DATE OF	OPERATION	198. COND	IIION FOR WHICH	SPERATION W	AS PERFORMED?		7.		ABI	OMEN	ONLY
TIV.	* S - B - B - B - B - B - B - B - B - B -	Ē	21- EVIEDNI	AL CAUSE WAS	21b. TIME O	E INTUINGY							ES X	NO [
O.	AHES SO	2		OR CAUSE OF		A. MONTH DAY		OW INJURY OCCURRE	D LENTER NATU	RE OF INJURY IN ITEA	A 18 PART 1 OR P	ART 2)		
Ö	SAR SON	S	CONTRIBUTION CONTRIBUTION			OF INJURY (AT HO)		CITION		177				
N N	THIS CERTIFICATE SH WARDED TO THE CH PAGE 3 SHOULD BE STATE DEPARTMENT C 21201 PRIOR TO BUR	MEDICAL	WHILE -	NOT WHILE I		TORY, FARM, ETC.)		CATION	cı	TY OR TOWN	C	OUNTY		STATE
Δ.	THIS C WARDI WARDI PAGE STATE D 21201		AT WORK	NOT WHILE [7/5/	Somos Osli						
			22a. I certi	fy that I took char-	ge of the remains de	scribed above, held	on Autop	sy K, Inspection		nquiry .	and in my o	pinion		
- 4	まだ ※ ひこう		death result	ed from A Notu	ral causes 🖳	Accident	Suicide	, Hamicide .	Undeterm	ned monner],			
	WIT			An	02	V		TITLE (SPECIFY)						
	CAL EX THE GER SHOULD SHOULD SATH, WI		SIGNATURE.	AW	ANN	0	N	D. Assistan	t MEDICA	LEXAMINER	DATE	ED 1-	11-8	5
	V NEW STATE	/	EXAMINER'S	NAME										
	TO MEDICAL EXAMINED FACE A SHOULD FACE A SHOULD FACE A SHOULD FACE AFTER DEATH, WITH BATTIMORE, MARY		(TYPE OR PRI	NT) AIIII	M. Dixon	, M.D.		ADDRESS 111 P	enn St	., Balt	0., Mo	1. 21	.201	
	577549	1.5	PEC IF Y	TION REMOVAL	236 DATE	23c. NAME O	F CEMETERY C	R CREMATORY	23d. LOCA	TION	co	UNTY	STA	ATE
07/84	BP/008		temati.		1-12-198		lew Cre				Baltim		MI	
25M	DHMH - 17				11 C. Wit:			P.A. 250 DATE R	EC'D. BY RE	GISTRAR 256 R	EGISTRAR'S	SIGNATU	JRE	
	(VR A15 ME (5))	16	30 Edm	ondson A	ve., Caton	nsville,	MD. 2	1228 JAN	1 6 10	2 .	· ·			

0 1000

STATE OF MAKILAND



within 24 hours ofter

executed

	1 -	REGISTRAR				CERTI	FICATE OF DEATH	REG. N	١٥.		
		CEASED NAME OR PRINT)	FIRST		WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	76 HOUR
W		Mr	Fre	d Boo	th		BUCIH	Januar	y 23 1985	3-85	6:13
	3. SE	х		4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY) IF	UNDER TYEAR	HOURS 1
	M	ale		Cauca	sian		6 1913	71	YRS.	DAIS	NOURS .
26	7a. BI	RTHPLACE (STATE OF	FOREIGN	76. CITIZEN	OF WHAT COUNTRY	Y? 8	ED NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
/		nknown		U.S.A		WIDOW		Baltimore	County		
1		ITY OR TOWN OF DE	ATH	11. NAME	OF HOSPITAL, NURS	SING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	12b. KIND OF	BUSINESS
10	R	andallstown			more County		Hospital	Unemployeed		INDUSTRY	
79	USU	AL RESIDENCE (IF NUE	SING HOME OR	OTHER INSTITUT	ION GIVE RESIDENCE BEFO	ORE ADMISSION					
20		arvland	Balti		13c. CITY OR TO	1stown	13d INSIDE CITY LIMITS?	9109 Liber			2113
E		ATHER'S NAME				1000mi	15. MOTHER'S MAIDEN NA	7.17	oy nota		£11J.
WOX.) II	nknown		MIDDLE	LAST		Unknown	MIDDLE		LAST	
	láa V	WAS DECEASED EVE	R IN U.S. AR.	MED FORCES	S? 166 SOCIAL SE	CURITY NO.	17 Meridian Nur	ering Home ADDI	RESS		2113
ō	t.	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES				_			
ě /	N	^			217_36	_2760 D	1 0100 Liberty	r Hood	Randallet	CK-PO B	damen a
raumatic event, the mi	N	18 CAUSE OF DEA PART I. DEATH V	WAS CAUSE IMMEDIAT	Ď BY: E CAUSE (o)	per line for (a), (b), (c), (c), (c), (c), (c), (c), (c), (c	sper	1 9109 Liberty Sepsi	rhoad	Randallst		
other froumatic event, the ma	N	18 CAUSE OF DEA PART I. DEATH V	VAS CAUSE IMMEDIAT v, which imediate ing the	DUE TO	per line for (a), (b),	MANA DUENCE OF	Sepsi	rest.	2		
ury, or other froumotic event, the m		Conditions, if on gove rise to imcouse (a), statiunderlying cous	WAS CAUSE IMMEDIAT I, which imediate ing the e lost.	Ď BY: E CAUSE (o) DUE TO (b) DUE TO	per line for (a), (b), (c), (c), (c), (c), (c), (c), (c), (c	DUENCE OF	Sepsi	rrest. s westoke f	henor	APPROXIM BETWEEN OF	
ny injury, or other troumotic event, the m		Conditions, if on gove rise to im couse (0), stoti underlying cous	IMMEDIAT	DUE TO DUE TO DUE TO DUE TO (b) DUE TO (c)	o, OR AS A CONSEQ O, OR AS A CONSEQ O, OR AS A CONSEQ	DUENCE OF	Sepsion Sepsio	westate or con	Le COLON GIVEN	APPROXIM BETWEEN OF	ATE INTERVA
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narkeg or frem 18 shows any injury, or other froumonic event, the mi	CERTIFICATION	Conditions, if on gove rise to in couse (a), static underlying couse PART 2 OTHER SIG	WAS CAUSE IMMEDIAT IMMEDI	DUE TO LOS CONDITIONS 19b. COI 19b. COI 21b. TIM. HOUR 21c. PLA. (AT HOME	Per line for (a), (b), (c), (c), (c), (c), (c), (c), (c), (c	DUENCE OF O DEATH BU CH OPERATIO DAY YEAR 19	Sepsis Sepsis Method I NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET	Westoke 100 AINAL DISEASE OR COM 200 AUTOPSY? YES NO CENTER NATURE OF INJ	20b. IF YES, VIN CERTIFYIN YES	APPROXIM BETWEEN OF	OF DEATH?
i is marked or item 18 stows any injury, or other froumatic event, the m	CERTIFICATION	Conditions, if on gove rise to im couse (o), stoti underlying couse PART 2 OTHER SIG	WAS CAUSE IMMEDIAT /, which mediate ng the e lost. INIFICANT C ATION ATION CAUSE OF DEA DICAL EXAMINER RED PHILE DRK (this hospi	DUE TO DUE TO (b) DUE TO (c) CONDITIONS 19b. COI 19b. COI 21b. TIM HOUR 21c. PLA (AT HOME	Per line for (a), (b), (c), (c), (c), (c), (c), (c), (c), (c	DUENCE OF O DEATH BU CH OPERATIO DAY YEAR 19	Sepsion A Sepsion A Sepsion A T NOT RELATED TO THE TERM T NOT RELATED	Westoke 10 Westoke 10 200 AUTOPSY? YES NO CITY OR T	20b. IF YES, VIN CERTIFYIN YES URY IN ITEM 18 PART	APPROXIM BETWEEN OF IN PART 1(0) WERE FINDING NG CAUSES (1) LI OR PART 2) COUNTY	GS USED OF DEATH? NO STAT
m 21 is marked or fem 18 shows any injury, or other froumatic event, the m	CERTIFICATION	18 CAUSE OF DEA PART 1. DEATH \ Conditions, if on gove rise to in couse (a), stoil underlying cous PART 2 OTHER SIG 19a DATE OF OPER/ 21a. ACCIDENT WAS UPOR CONTRIBUTING [IF EITHER, NOTHY MEE 21d. INJURY OCCUE WHILE NOT WAT WORE AT WOR. AT WOR. AT WOR. AT WO. 22a.1 certify that (I sow the decea obove. (I) (we)	WAS CAUSE IMMEDIAT IMMEDI	DUE TO DUE TO (b) DUE TO CONDITIONS 19b. COI 21b. TIM HOUR 21c. PLA (AT HOME	per line for (a), (b), (c), (c), (c), (d), (d), (d), (d), (d), (d), (d), (d	DUENCE OF O DEATH BU CH OPERATIO DAY YEAR 19	Sepsion A Sepsion Sepsion Sepsion Not related to the term 21c HOW INJURY OCCUR 21l LOCATION STREET 21d that in (my) (our) opinion	Westoke 10 Westoke 10 200 AUTOPSY? YES NO CITY OR T	20b. IF YES, VIN CERTIFYIN YES URY IN ITEM 18 PART	APPROXIM BETWEEN OF J IN PART 1(0) WERE FINDING NG CAUSES (1) OR PART 2) COUNTY	GS USED OF DEATH? NO STAT
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flem 21 is marked or flem in	CERTIFICATION	18 CAUSE OF DEA PART 1. DEATH \ Conditions, if on gove rise to in couse (a), stoil underlying cous PART 2 OTHER SIG 19a DATE OF OPER/ 21a. ACCIDENT WAS UPOR CONTRIBUTING [IF EITHER, NOTHY MEE 21d. INJURY OCCUE WHILE NOT WAT WORE AT WOR. AT WOR. AT WOR. AT WO. 22a.1 certify that (I sow the decea obove. (I) (we)	WAS CAUSE IMMEDIAT IMMEDI	DUE TO DUE TO (b) DUE TO CONDITIONS 19b. COI 21b. TIM HOUR 21c. PLA (AT HOME	per line for (a), (b), (c), (c), (c), (d), (d), (d), (d), (d), (d), (d), (d	DUENCE OF O DEATH BU CH OPERATIO DAY YEAR 19	Sepsion A Sepsion Seps	AINAL DISEASE OR CON 200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the of	20b. IF YES, VIN CERTIFYIN YES OWN	APPROXIM BETWEEN OF J IN PART 1(0) WERE FINDING NG CAUSES (1) OR PART 2) COUNTY	GS USED OF DEATH? NO STAT

DHMH - 16 50M 4/B3

BP.

(VRA 1S, 4) 8728 Liberty Road Randallstown, Maryland 21133

Burial

23c NAME OF CEMETERY OR CREMATORY

COUNTY

74 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc.

Mount Olive Cemetery Randallstown Baltimore Maryland ectors, Inc.

JAN 3 0 1985

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remave carbon with the State Dept. of Health and Mental Hygiene prior to burial. cremation, ar re

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR			DEPA		EALTH AND MENT	1000 0 00 00 00	NE Ö Ö	U	0 3	1 0
-	1 DEC	EASED NAME	FIRST	-	MIDDLE	L	AST	1 2		MONTH DA	Y YEAR 2b	HOUR
	(TYPE	OR PRINTY Ath	en1.	MIF	13	R	11000			19	P.5	235
1	3 SEX			RACE	<u> </u>	5 DATE C	OF BIRTH	6	. AGE (IN YEARS LAST BIRT			UNDER 24 HRS
	/	Female		White	e	11-	-0906	EAR	78	YRS	NIHS DAYS H	OURS MIN.
1		RTHPLACE (STATE OR F			WHAT COUNTI	RY? 8.	NEVER MARR	IED 9	BALTIMORE CITY OF	COUNTYO	FDEATH	,
1		Marylan	d	U.S.	Α.	WIDOWE	7777	ED 🗍	DALTO	Co	UNT	- 4 MD.
	4	TY OR TOWN OF DEA	TH 1		HOSPITAL, NUF		R OTHER INSTITUTI		20 USUAL OCCUPATION OF OF WORK FOR MOST OF		126 KIND OF B INDUSTRY	USINESS OR
	2	AL RESIDENCE (IF NURS	1	7261	A INA	1111	101p1C	E	Homemaker			
2	13a. S	TATE aryland	13P COUNT	Y	130. CITY OR I	OWN	13d. INSIDE CITY LI.		3e.STREET ADDRESS / 4339 Green		Avenue	21218
j	4 FA	THER'S NAME	0.0 15	DDLE	LAST		15 MOTHER'S MAI	DEN NAME	MIDDLE		LACT	
1	Pe	eter	Mil	J.	Campbe	11	Frances		MIDDLE		Ke1	ly
5	160/ W	AS DECEASED EVER		ED FORCES?	166. SOCIAL S	ECURITY NO.	17 INFORMANT		ADDRE	SS		11.
4	'n	ES NO OR UNKNOWN)	(IF TES, GIVE V	WAR OR DATES)	213-62	-7733	Mr. J.C.B	osley	13111 Man	or Rd.	21057	
		Conditions, if ony, gove rise to imm couse (a), statin underlying couse	which nediate g the last.	DUE TO, O	R AS A CONSE	QUENCE OF			INFARC			
	NO	PART 2 OTHER SIGN	WIFICANT CO	NDITIONS CO	ONTRIBUTING O	10 DEATH BUT	NOT RELATED TO T	HE TERMIN	IAL DISEASE OR CONE	DITION GIVEN	N IN PART 110	
1	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED)	20a AUTOPSY?		WERE FINDING	
	TIE	THE RELATED							YES NO	YES		NO 🗌
		21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM IB PAR	T I OR PART 2)	
	MEDICAL	21d. INJURY OCCUR!	RED	21e PŁACE (AT HOME, STE	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET		CITY OR TO	νN	COUNTY	STATE
i		22a.l certify that (I)		l) ottended th	e deceased fro	m 7/	/ 19	P3	_, to	19 19	£5 tho	ot (I) (we) lost
ì	3	sow the decease above, (I) (we) (c	ed alive on	view the hady	nlter denth	9, or	nd that in (my) (our)	opinion de	oth occurred on the do	te and hour c	and from the cou	uses stated
		226 SIGNATURE	STC	well	all	m	PHYS	IDING ICIAN 🔲	MEDICAL STAF		22c. DATE SIC	SNED
	74	22d. PHYSICIAN'S NA	AME (TYPE OR)	PRINT)			22e ADDRESS					
	1	RENdAL	IFA	OIK			<u>-</u>		s Hospice			
		URIAL, CREMATION,	REMOVAL	23b. DATE		3¢ NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
		Cermation		1-22-	85	Greenmo	ount	06 5 55	Baltimor			Md.
		INERAL DIRECTOR	,	0	ADDRE	\$5	1 04 04 0	25a DATE	REC'D. BY REGISTRAR	Sb. REGISTRA	AR'S SIGNATUR	2.00
	M1	tchell-Wie	detelo	1 H me	6500 Yo	k Road	1 21212	UAN	4 4 1985 1	una Nav.	dson-han	145C

DHMH - 16 50M 4/83 (VRA 15, 4)

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IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event,

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completely filled in by the fu i 1 and 2 should be filed withi

STATE OF MARYLAND

DEPAR

TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG.	NO.			
(ASI	20. DATE OF DEATH	MONTH	OAY	YEAR	26 HOL
DOLLEM	Tonuomi	0	1005		100.7

١	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG		, NO.		
1		EASED NAME	FIRST		MIDDLE	ı	AS1	20. DATE OF DEATH		OAY YEAR	2b HOUR
1	(TYPE	OR PRINT) WIL]	LIAM		С.		BOWEN	January	8.	1985	M
ł	3. SEX			4 RACE		5. DATE C		6 AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
	All Comments	Male		White		Nov		82	YF		HOURS MIN.
		OUNTRY)	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CIT	Y OR COU	NTY OF DEATH	
1		Maryland		U.S.A.		WIDOWE		Baltimo	re Co	unty	MD.
	10 CI	TY OR TOWN OF DEAT	Н		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUP			F BUSINESS OR
4		Randallsto		Baltin	ore Coun	ty Ger	neral Hospital				ance Co.
	USUA 13a. S	L RESIDENCE (IF NURSIN	G HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRES	SS / ZIP C	ODF	
1		ryland		timore	Woodlaw		YES NO X	5317 Cli			21207
1	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDI	E	LAS	ıT
A		Bernard			Bowen		Blanche	2		Kir	ıg
		AS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	AD	DRESS		
1	(1	No	JR 163, ON	E WAN ON DATES)	213-01-	0549	Mrs. Willey	Bowen	Same	as # 13	
1		18 CAUSE OF DEATH PART I. DEATH WA	(Enter or	ly one couse per	line for (o), (b), on	d IC+				BETWEEN	MATE INTERVAL ONSET AND DEATH
				D BY TE CAUSE (o)	Acut m	i con	Cicated & V.fi	brilation	_	mir	vutes
1		"			R AS A CONSEQU	ENCE OF					
1		Conditions, if any,	which	((b)	A.S. H.	2 G	Ded infembr	MI		Ye	1KS
1		gove rise to imme		DUETOO	R AS A CONSEQU	ENCE OF				/	
		underlying couse	lost	(6)	K AS A CONSEGO	LITTLE OF					
1		PART 2 OTHER SIGN	FICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR C	ONDITION	GIVEN IN PART 1	01
	ON N										
	CERTIFICATION	190 DATE OF OPERATION	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE FINDI	
	TE							YES NO	_	YES [NO [
П	CER	21a. ACCIDENT WAS UNDE	The state of the s		FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART 1 OR PART 2)	
		OR CONTRIBUTING CA		ATH	M. MONTH D	AT TEAK					
	MEDICAL	21d INJURY OCCURRE	ED	21e. PLACE	OF INJURY		21f LOCATION	CITY C	RIOWN	COUNTY	STATE
	×	WHILE NOT WHILE	E 🗌	(AT HOME STI	REET FACTORY OFFICE	ARM ETC)	SINCE	Circ			31716
		22a. I certify that (I) (1	this hospi	tol) ottended th	e deceased from_	1/	1/ 19.67	, to/	18/	19 85	that (I) (we) lost
		saw the deceased above, (I) (we) (die	d olive on	12	19 19 19 19 19 19 19 19 19 19 19 19 19 1	14 .01	nd that in (my) (our) opinion	deoth occurred on th	e date and	hour and from the	couses stated
		226. SIGNATURE	a ridio ne	I view me body	Offer deom.		DEGREE			22c. DATE	
1		-11	1	Anny	>>		ATTENDING PHYSICIAN	MEDICAL DIRECTOR PHY	STAFF	1/91	185
		22d. PHYSICIAN'S NAM	ME (TYPE C	OR PRINT)			22e ADDRESS				
		Adnan M.	Son	mez M.	D.		500 N. Roll	ling Road.	Balt	imore. Mo	1.
	23e B	URIAL, CREMATION, R	REMOVAL	23b DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	-		
	()	Burial		1/11/	'85 L	orrain	ne Park Cemete	ery Woodl	awn	COUNTY	Md.
	74 FU	INFRAL DIRECTOR					750. DAI	MED ON HOUSE	AR 256 RE	GISTRAR'S SIGNAT	URE
	Le 16	roymeM. & Ri	usse.	II C. Wi	tzke Wun	eral h	iomes P.A.	.,, -	4		
	10	oo Edmonds	OII A	· cirue, C	a consvil	LC, III	1. 21220				

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detoched for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rem

OR ATTENDING PHYSICIAN: The

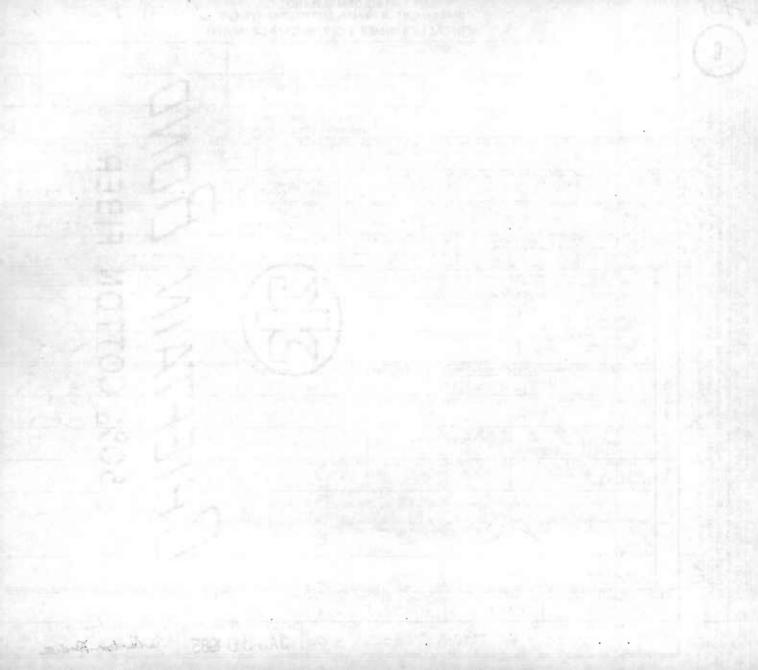
etoined by the hospitol or HOSPITAL

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with the State Dept. or recommend in 18 shows any IMPORTANT: If them 21 is marked or Item 18 shows any



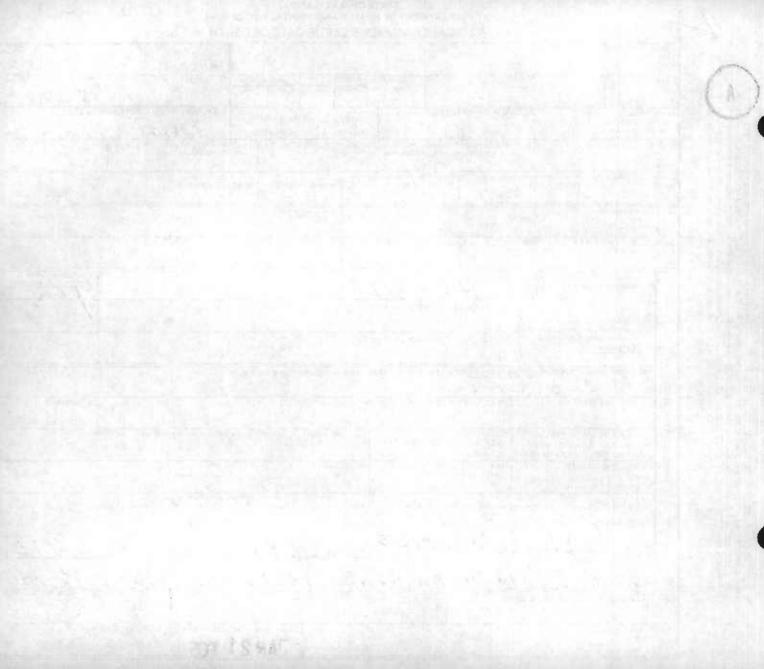
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-10	1	1-	STATE REGISTRAR		MEI	DICALI	XAMINE	R'S C	ERTIFIC	ATEO	F DEA	TH ,	EG. NO.			
	(2)		CEASED NAME	FIRST		WIDDIE		l	AST			a. DATE KNO		MONTH D	AY YEAR	2b. HOUR
	101	{ [[]]	PE OR PRINT)	George	a 17	illia	m	Br	adfor	5		OF EST	1		3/ 19 85	
	A CHEE	3. SE	x	4 RACE	5. DATE OF BIRTH	11110	6 AGE IN YEAR	s IF UNI		IF UNDER	24 HRS. 2	c DATE	N	AONTH E	DAY YEAR	2d HOUR
	ON ST			Black	9 1	24	60 YRS			HOURS	MIN. P	RONOUNCED DEAD			3/ 29 85	7:42 P M
	A SERVICE	7a B	IRTHPLACE (ST DREIGN COUNTRY)	ATE OR	76. CITIZEN OF WH	IAT COUN		MARRIE	D NEV	ER MARRI	ED 📙	BALTIMORE	_			
	ZECE	10. C	ITY OR TOWN	OF DEATH	II NAME OF HOSI		RSING HOME,				12a. USU	Baltim AL OCCUPATION OST OF WORKING L	N (TYPE OF			SINESS
	AND THE PORT	1	Dundalk		Sparrows	s Poi	nt Disp	ensc	ry		1000	OST OF WORKING E	or c)		OK IT ADOSTI	
21201	ANY DANY DANY DANY DANY DANY DANY DANY D		AL RESIDENCE	IF IN NURSING HOME O	OR OTHER INSTITUTION, GIV TY	13c. CITY	BEFORE ADMISSION OR TOWN Lto.		13d INSIDE CIT	Y LIMITS?	13e STRE	ET ADDRESS 22 Sto	newo	od R	d. 21	239
MD.	F 25 0 2	14. F.	ATHER'S NAME		MIDDLE				15. MOTHER	R'S MAIDE		MIDDLE				
	EAT SES 1	2	Georg	e ·	W.	Bra	adford	-14		oset	ta	WIDDLE		C	ollin	s
ALTIMORE	SS SS A	7 16a \	ES. NO. OR LINKNO	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		IAL SECURITY		17. INFORM				DRESS			
PALT	JRS AFTER 3. GIVE P. WITH FO I. PAGES DIVISION	1	Yes				3-14-8	736	Me1	vina	Bra	adford	142	2 St		
ST.			18 CAUSE OF	ATH WAS CAUSED	ly ane cause per line D BY:				2122						APPROXIMATE BETWEEN ONSET	INTERVAL
NO	124 FER CONTRACT PER CONTRACT P			IMMEDIAT	TE CAUSE (a) He		hagic (- SEQUENCE OF		1tls_							
PRESTON ST	THIN A PRINCE A PRINC			s, if any, which	(6)											
201 W. I	D BE EXECUTED WITHIN 24 HOI PENDING" IN PENCIL IN ITEM 13 MEDICAL EXAMINER ALONG AS A BURIAL - TRANSIT PERMI FAITH AND MENTAL HYGIENE, CAEMATION, OR REMOVAL			stating the under-	DUE TO, OR	AS A CON	SEQUENCE OF		V.6-	T)		15-	24	1		
	EXECUING" I	18	PART 2 OTNER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELA	IED TO THE TERMIN	AL DISEASE	OR CONDITION	GIVEN IN PAI	T 1 (a)					
RECORDS,	AS A ALTH	NO			tic Cardio											
TAL RE	RO "PER MER M	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDIT	ION FOR	WHICH OPERA	TION W	AS PERFORA	AED?		ill.		7	YES X	ио П
DIVISION OF VITAL	THE WORD THE CHIE SULD BE US STAND OF R TO BURIT			L CAUSE WAS OR OR OG CAUSE OF D	21b. TIME OF HOUR A.M.		DAY YEAR	21c. HO	W INJURY (OCCURRE) (ENTER N	ATURE OF INJURY IN	ITEM 18 PART	1 OR PART 2)	113	NO L
DIVISIO	E. WHING THE WORD WEN WARRING THE WORD WEN WARDED TO THE CHIEF W PAGE 3 SHOULD BE USED AN STATE DEPARMENT OF HEAL () 21201 PRIOR TO BURIAL, GI	MEDICAL	21d INJURY O		21e PLACE C	F INJURY ORY, FARM, ET	(AT HOME,	21f. LOC	ATION			CITY OR TOWN		COUNTY		STATE
	CATE, FORW		220 I certif		ge of the remains desc	ribed aba	ve, held an	Autops	Hamici	Inspection		Inquiry .	and in	my apinio	an	
	EXAMI CERTIFI ULD BE DIRECT , WITH WARYL		deam resone	- Pagnor	1-XX	MESSENIT	-	ee C.	TITLE (SP		Undere	rminea manner	<u>.</u>			
	AL ALCOHOL		ACTUAL SIGNATURE_	X	1			M.			t MEDIC	CAL EXAMINER		DATE SIGNED_	1/29,	/85
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BARTIMORE, M	1	EXAMINER'S I	NAME Greg	ory R. Ka	uffma	n, M.D.		DDRESS	111	Pen	n St.				
	DAR DER	230.B		ION, REMOVAL ?			IAME OF CEME			RY	23d. LOC	CATION		COUNTY		ATE
07/84	BP		Buri		2/1/85	N	Id. Na	tion	al M	em.	Pk.		ue1	Md.	214	
25M		1 0 A E	UNERAL DIREC							Sa. DATER		REGISTRAR 125				

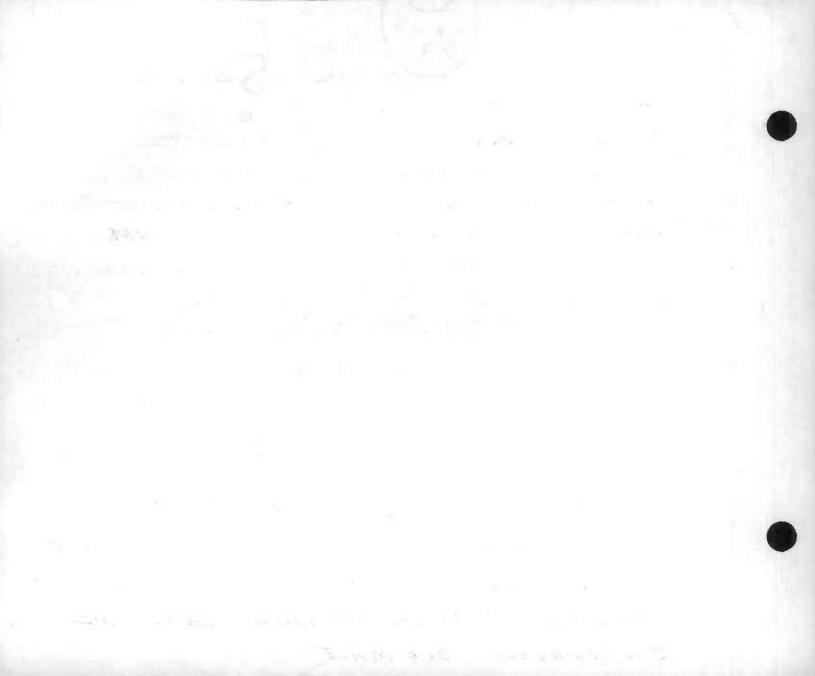


70.	FERSI PE ON PRINT! FEX FEMALE BIRTHPLACE (STATE OR FOREIGN COUNTRY) KENTUCKY	Rut 1. RACE White	h S. DATE O		20 DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26. HOUR 24 HES MONTHS DAYS HOURS MIN
5 10.	BIRTHPLACE (STATE OR FOREIGN	1000	j ·	- 18 - 18	100	
0			COUNTRY? 8		9. BALTIMORE CITY OR COUN	S.
0	CITY OR TOWN OF DEATH	U.S.A	WIDOWE	DINEVER MARRIED DINORCED DINORCED DINORCED	Baltimore Cou	Inty 12b KIND OF BUSINESS O
	ikesville	Pikesville	Nursing He		(TYPE OF WORK FOR MOST OF WORKIN Supervisor	
13	Maryland Ba	COUNTY 13c. CIT	DENCE BEFORE ADMISSION) IY OR TOWN Sterstown	13d. INSIDE CITY LIMITS? YES NOT	13e STREET ADDRESS / ZIP CO	
3(1)	FATHER'S NAME Archest	WIDDLE	hilders	Beirdie	WE	Vauhgn
1 160		ES, GIVE WAR OR DATES)		Joyce M. Gas	2495 Eewis	
CATION	underlying cause lost	ANT CONDITIONS CONTRIB	UTING TO DEATH BUT		70a AUTOPSY? 20b. IF	GIVEN IN PART 1(a) YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
		OF DEATH HOUR A.M. MI	ONTH DAY YEAR		YES NO	YES NO
7	27a Certify that () (this has the deceased alivabove, () (we) (bd.) (d.) 27b. SIGNATURE	haspital) attended the decea we on — Side the decea id nat) view the bady after de	ory OFFICE, FARM ETC.) used from 1945, an	or 19 80 d that in (my) (our) opinion (to Talena death accurred an the date and MEDICAL STAFF DIRECTOR PHYSICIAN	1985, that (I) (we) have and from the causes stated 122c. DATE SIGNED 1-29 (85
	7 160 1 160 CERTIFICATION	14 FATHER'S NAME Archest 160 WAS DECEASED EVER IN U.: (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Ent. PART I. DEATH WAS C. IMME Conditions, if any, whice gave rise to immediate cause (a), stating the underlying cause loss PART 2. OTHER SIGNIFICATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED WHILE NOTIFY HOT (I) (this saw the deceased all above, (I) (we) (ided) (id.) 22b. SIGNATURE	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SC (YES, NO OR UNKNOWN) (18 YES, GIVE WAR OR DATES) 140 SC (YES, NO OR UNKNOWN) (18 YES, GIVE WAR OR DATES) 140 SC (YES, NO OR UNKNOWN) (18 YES, GIVE WAR OR DATES) 140 SC (YES, NO OR UNKNOWN) (18 YES, GIVE WAR OR DATES) 140 SC (YES, NO OR UNKNOWN) (18 YES, GIVE WAR OR DATES) 140 SC (YES, NO OR UNKNOWN) 180 SC (YES, OR OR UNKNOWN) 180 SC (Y	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 180 WAS DECEASED EVER IN WEST OF DEATH (Enter only one cause per line for (a), (b), and (c) 180 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Arches Made Arches Childers Beirdie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (160 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (16 YES, GIVE WAR OR DAIES) (160 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (16 YES, GIVE WAR OR DAIES) (160 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (16 YES, GIVE WAR OR DAIES) (160 SOCIAL SECURITY NO. 17 INFORMANT JOYCE M. Gas) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	15. MOTHER'S NAME MODIE Childers IS MOTHER'S MAIDEN NAME MODIE MODIE Childers IS MOTHER'S MAIDEN NAME MODIE MODIE

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l	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 5 0 0 3 2 2
	CEASED NAME FIRST BESSIE	MODIE IVA BRENNER RACE 15. DATE OF BIRTH	20. DATE OF DEATH MONTH DAY YEAR 20. HOUR 1 20 85 3.15 F
(1)	FEMALE	WHITE 12/10/1898 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
4 7 1.0	MD.	USA WIDOWED	Baltimore County 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Vice President Trucking Co
13a. M	aryland 13 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 134. CITY OR TOWN 134. INSIDE CITY LIMITS' BALTIMORE YES NO [
and and	Isaiah K. Bre		Llen Sheiss
S. Poges	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W NO	VAR OR DATES!	Brenner, Jr. Same
bonpape remaval.	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE (annest 30 mins
ematian, ar	Conditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF () Anterio sclente (undio ve) DUE TO, OR AS A CONSEQUENCE OF	exculu disease year.
hen please ta burial, cr ijury, ar oth	underlying couse lost. PART 2 OTHER SIGNIFICANT CO	notitions CONTRIBUTING O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 110
mere prior	THE DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION WAS PERFORMED	78t AUTOPSY? 188 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	THE ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH DAY YEAR P.M. 19	URSED JAMES HATURE OF HAURE PARTS OF PARTS
as the burial-th and Mental arked or Item	STA INJURY OCCURRED SHIRLE HOLWALLA ALWORK ALWORK	21s. PLACE OF INJURY [AT HOME, STREET, FACTORS, OFFICE, FARM, ETC.] 21s. LOCATION 21stell	CITY ON TOWN COUNTY STATE
At Uncourse.	72s.1 certify that (I) (this haspital taw the decreased alve on above, (I) (we let a) (all of not 12th SIGNATURE	one the bady afficialization of the bady afficialization of the bady afficialization of the bady afficialization of the bady afficial o	
should be deto	22d PHYSICIAN'S NAME (TYPEORP	ot. 12 Cm u	oseph's Hospital
0 d z d d			Tina and Carriera
230		23h DATE 1/23/85 23c NAME OF CEMETERY OR CREMATOR Loudon Park	Baltimore City, "Maryland state Rec'd. By Registrar 25b. Registrar's Signature

t soull AND THE STATE OF T of and make on the part Code should avect - some that in the second will discover in there's Configuration hand trackets your abely to the same of the same of

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N.	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.			
the state of		EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
	Chief	LAURK	A	SUDDE	01	14 85 1226 4
1	1. SE	4.1		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
6)	1	FEMALE	cau. "	06 01	83	MONTHS DAYS HOURS MIN.
2.6	Ta. Bi	RTHPLACE (STATE OR FOREIGN / 76.	CITIZEN OF WHAT COUNTRY?	RRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
X	1	MACULANCE	1 0 0	OWED DIVORCED	BALTIN	ore. County MD
2	10. C	TY OR TOWN OF DEATH 11	NAME OF HOSPITAL, NURSING HOM	ME OF OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSINESS OR
30		TOWSON	000011	SSPITAL	AT HOME	
27	12a. S	TATE COUNTY	FER INSTITUTION GIVE RESIDENCE BEFORE ADMISSI 134. CITY OR TOWN	ON) 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE, 2034
12つ		MIG BALT	MORE BALLIMORE	YES NO		NUALC AVE
2200	14. FA	THER'S NAME FIRST MID	DIE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
37/1		ADAM	TUSTKISTON	FIRST	MIDDLE	LASI
30	16g, V	AS DECEASED EVER IN U.S. ARME			ADDRESS	
2 medico		ES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES) 215-05-49	20 Famil	4 RECORDS	
4	H			7,711,71	er records	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ent,			one couse per line for 101, (b), and IC	FAILURE		DETWEEN ONSET AND DEATH
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nati			DUE TO, OR AS A CONSEQUENCE C	Erning WYNER	phile wEND	ATOM H NAUC
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Ē		couse (o), stoting the	DUE TO, OR AS A CONSEQUENCE C	F- 1 - 10000	- Nicona	VERRE
0		underlying couse lost.	HIRIEIGIOSCU	EROTIC HEART	DISTASE	YEARS
16			NDITIONS CONTRIBUTING TO DEATH			ON GIVEN IN PART I(0)
f _	CERTIFICATION		MYOCARDIAL IN	PRRETION		
61	3	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED		. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
17	E				YES NO	YES NO
2/	Ü	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2)
:41	4	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YE	19		
5/	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
peo	ž	WHILE NOT WHILE	(AT HOME, STREET FACTORY, OFFICE, FARM ETC	STREET	CITY OR TOWN	COUNTY STATE
100		22a.1 certify that (1) (this hospital)	attended the deceased from		to	, 19, that (I) (we) lost
=		sow the deceased alive on		7		nd hour and from the couses stated
2.46		obove, (I) (we) (did) (did not) v	iew,the body ofter death.		and the dole of	
ž.		llan (brada . Y	DEGREE ATTENDING	MEDICAL STAFF	22c DATE SIGNED
ž-+	1	July - 1	Love Nour	PHYSICIAN [DIRECTOR PHYSICIAN	R 1-19-05
4 /		THE PHISICIANS NAME ITTE OR PRINTS				
MPORT		VORGE CI	DECADA-LOVII	7620 YORK	RD. TOWSON,	MD, 21204
5 T		URIAL, CREMATION, REMOVAL	236. DATE 231. NAME C	OF CEMETERY OR CREMATORY	23d LOCATION	
	B	URIAL T	JAN 17 1985 MORS	LADO Mam PK	PARKVIIS	BALTO MARYLAND
1/83	24. FI	INERAL DIRECTOR	ADDRESS 880	250 DA	TE REC'D. BY REGISTRAR 256.	
V 63	5.	PARS CHAPSLOF (12 MORISS HARFOR	ROAD JA	N 1 6 1985	Maria Maria
1)	5	MID CULLSCOLI	KI JOKISS HAILHOR	TOURD TOW	11 1 1200 1	the total the state of the stat



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(VRA 15, 4)

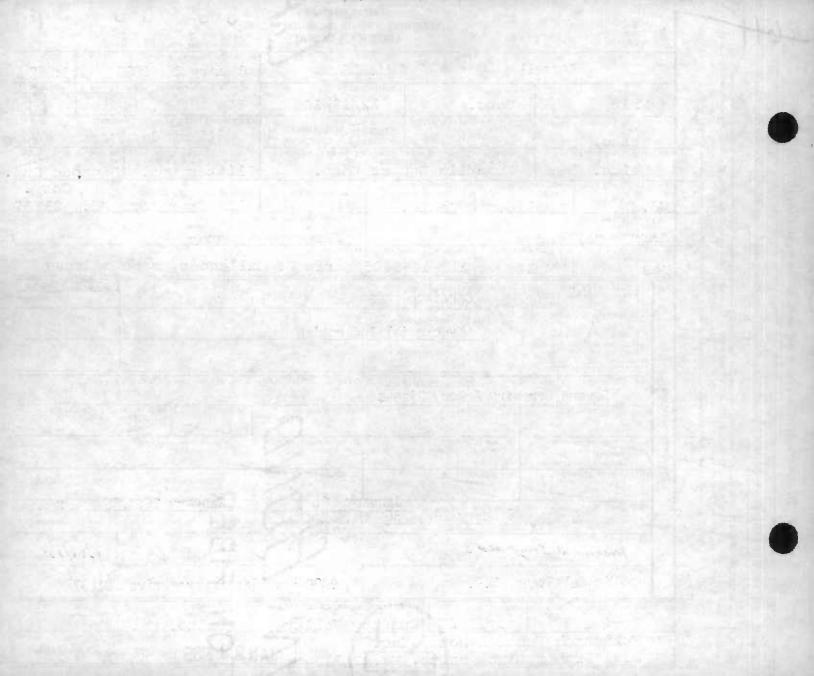
Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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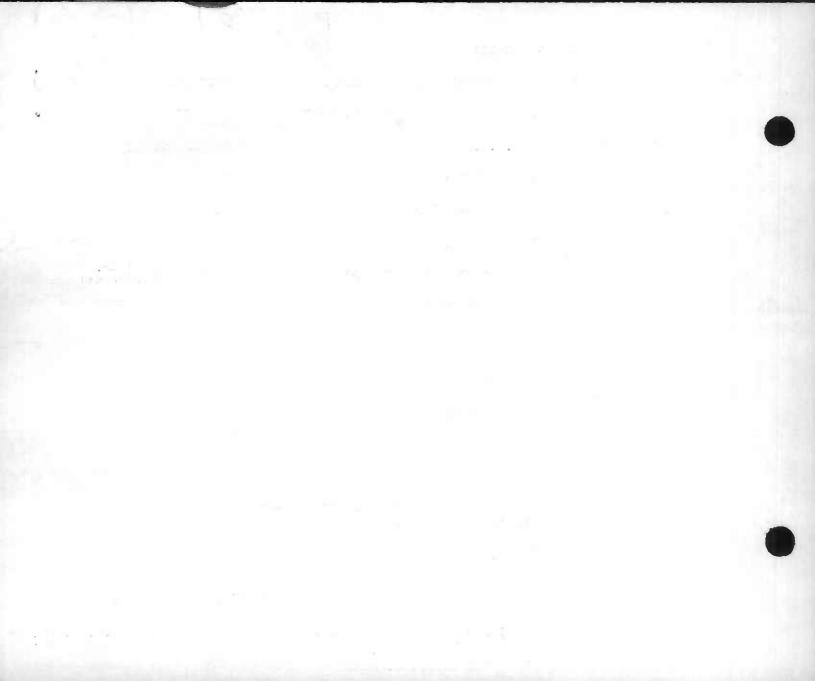
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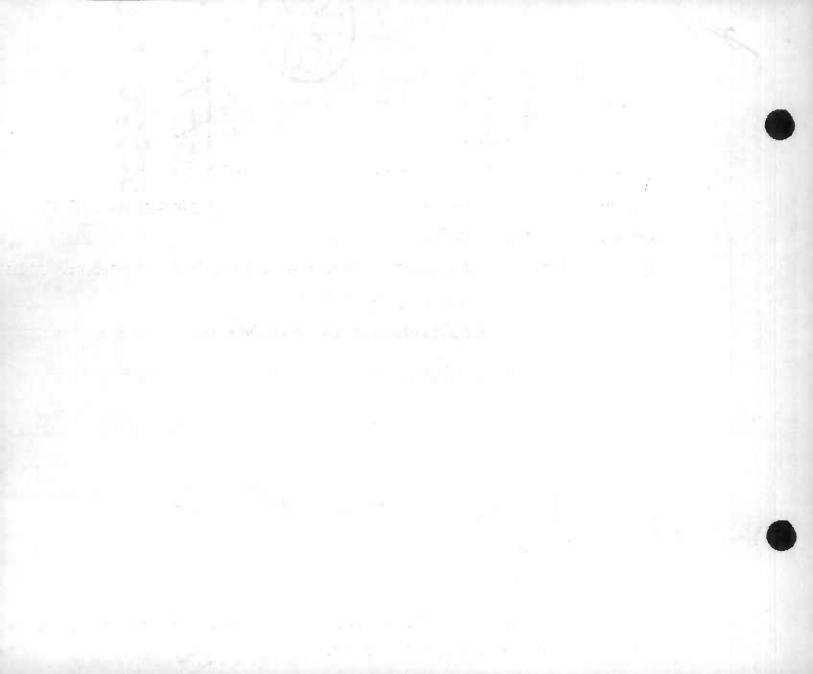
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Annapolis Md. 21401





#	1 -	FOR STATE REGISTRAR			DEPA		ICATE OF DI		IENE	REG. N	10.				
. (:1)		OR PRINT)	RST		- C		AST	- 0	20. DATE O	OF DEATH	MONTH	DAY	YEAR	26. HOUR	0
6 6	3. SEX		ARG	ARET RACE		5. DATE	OF BIRTH	R	6. AGE (IN	YEARS LAST BI	RTHDAY)	IF UNI	DER 1 YEAR	IF UNDER 2	4 HRS
4 00		F	100	W	HITE	MONT 04		YEAR 90	9	4 4	YR	MONTH	S DAYS	HOURS	MIN.
nerol direction 72 hours	(RTHPLACE (STATE OR FORE OUNTRY) Maryland	GN 7b	CITIZEN OF V	S.A	MARRIE WIDOW	D NEVER M		9. BALTIM	ORE CITY O	OR COU	NTY OF E			MD.
ts ofter d	1	PALTIMORE	V		HEACILITY, GIVE ST	REET ADDRESS)	OR OTHER INSTI	NOITUT	120. USUA	SEWI:	f Workin	NG LIFE) 12	6. KIND O	BUSINES	SOR
AND 212	13a. S	at RESIDENCE (IF NURSING TATE AT 13b	Ba It	imore	I OWS	FORE ADMISSION)		ио 🖫		148gresq	Jiew	Nu:	rsin	g Ho	me
MARYLAND 2 red within 24 ha mpletely filled and 2 should b examiner frust		Trederick	MID	DLE	Bauër		Lena'	IRST	ME	MIDDLE		E	gger		
BALTIMORE, cote be execu- spers. Pages I val. tt, the medical	16a V			D FORCES? AR OR DATES)	215-4	8-1649	Josep		Cart	er Jr		315	Snyd		222 Rd.
201 W. PRESTON ST., B es that the death certifica ned by the attending phy please remove carbanpo urial, cremotion, or remov v, or other traumatic event		Conditions, if any, will gove rise to immed couse (a), stating underlying couse I	CAUSED E MEDIATE C nich iote the ost.	DUE TO, OF DUE TO, OF (b) DUE TO, OF	R AS A CONSE	QUENCE OF DUENCE OF	twe.	ain.	Fd.						
	CERTIFICATION	PART 2. OTHER SIGNIFI	out	rotm	2 0/	ext	emin N WAS PERFOR	20	ZOO AU		120b. IF	YES, WE	RE FINDIN	GS USED	
AL REC	TIFIC				0				YES 🗌	NO	IN CE	RTIFYING	CAUSES	OF DEATH	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir or offending physicion. Wher this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior to be acked or them 18 shows any injury	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL B 218. INJURY OCCURRED	E OF DEATH	P./	M. MONTH M. OF INJURY	19	21c. HOW INJ		RED (ENTER				OR PART 2)		ATE
NG Ph After th os the th and orked	W	WHILE NOT WHILE			EET, FACTORY, OFF		119461	17/		CITY ON TO	1	1	0.5	51	AIE
ATTENDI Sparted or ECTOR. A d for use 1. of Heali		220.1 certify that (1) (the saw the deceased o obove, (1) (westeld)		1 /1 / / -	wy /	1	nd that in (my) (our) opinion	death accur	red an the d	date and		-		ellost ted
TAL OR by the hor RAL DIRE detocher fore Dep	1	22b. SIGNATURE	Ty.	no	m	1	P		MEDICA	L STA	AFF CIAN [1//	7/8	ग
O HOSPITAL etonined by the TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAME	96	- No	Suy,	EN	6331	Sel	lair	Rd	B	alt.	, 2	120	06
BP	23a. 6	URIAL, CREMATION, REA	MOVAL	1/17			emetery or co		y 23d. LOC	TY OR TOWN	alt	inor		51	ATE
DHMH - 16 50M 4/B2 (VRA 15, 4)		onnelly Fu	nera	al Hon	ADDRE Ne of	"Dunda	lk	250 DAT	N 1 6	REGISTRAF	25b. REC	GISTRAR'S			e

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		1800mmm2
329.20		152 short
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STATE	OF MARYL	AND	
DEPARTMENT OF H	EALTH AND	MENTAL	HYGIEN
CERTIFI	CATE OF	BEATH	

CERTIFICATE OF DEATH

REG. NO.		
January 3, 19	85	26. HOUR 12:1
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	# UNDER 24
	MONTHS DAYS	HOURS 1

		CEASED NAM OR PRINT)	Louise		T.	Caus	sey		January		DAY YEAR	2b. HOUR 12:10 p
	3. SEX	MAL	5_	1. RACE	TZ			1900	6. AGE (IN YEARS LAST B	YRS.	MONTHS DAYS	# UNDER 24 HRS
7	Mi	OUNIRY)	OF DEATH	U.S.	HOSPITAL, NUR	MARRIED WIDOWE		VORCED	9. BALTIMORE CITY Baltimore 120 USUAL OCCUPA (TYPE OF WORK FOR MOST	e Cour	1ty	MD.
2		lowson		Greate	r Baltir	more Me	dical (Center	AT HOL		INDUSTRY	
2	130 S	ARYLA	13b COU		136 CITY OR TO		YES T	NO X		ZIP COL	ETT RO	IIII GAC
		THER'S NAME	S D EVER IN U.S. AF	MIDDLE	O A OV	ins.	17 INFORM	HILL	MIDDLE	RESS	WAL	TER
		NES NO OR UNKN		VE WAR OR DATES)	313 58	0105	_	m:24	RECORDS			
		18 CAUSE O PART I. DI	F DEATH (Enter of EATH WAS CAUSE IMMEDIA	C DV			tic ca	cdiovas	cular dise	ase	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
		gave rise cause (a), underlying	if ony, which to immediate stating the cause lost.	(b)	DR AS A CONSEC	OUENCE OF						
	CERTIFICATION	Le	eukemia,	metasta		cinoma	and dia	abetes 1	mellitus 1200 AUTOPSY?		IVEN IN PART 16	
	TIFIC	The BATE OF							YES NO	IN CERT	IFYING CAUSES	
7		OR CONTRIBUT	WAS UNDERLYING [ING] CAUSE OF DE DIFY MEDICAL EXAMINE	ATH HOUR A	OF INJURY M. MONTH '.M.	DAY YEAR			ED (ENTER NATURE OF IN	URY IN ITEM 18	PART I OR PART ?}	
	MEDICAL	WHILE AT WORK	NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFI	CE. FARM, ETC.)	211 LOCATH STREE		CITY OR I		COUNTY	STATE
		saw the	that (I) (this hasp deceased alive or I will find idea in			9 <u>85</u> , an		, 19 <u>84</u> (<u>aur)</u> apinion o	, to death occurred an the	/ 03 date and ho	out and fram the	
		22st PHYSICI	du !	Ad	au		PEGREE		MEDICAL ST. DIRECTOR PHYS	AFF ICIAN 🔀	1/04	4/85
			E. Adam	s, M.D.					es St. Bal	to. M	D 21204	
	B	BURIAL, CREM SPECIFY) URIAL UNERAL DIRECT	ATION, REMOVAL	DAN. 18		ARSO	^		SALISBU	RI25h REGIS	COUNTY C	IARY LANC
	2		CHAPEL	OFCH	MSS 2	325 401	ek Ros	AD JA	N 7 1985	guia	STRAR'S SIGNA	fander

FOR - STATE

REGISTRAR

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

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in the formation in the second second

Mitchell-Wiedefeld Home 6500 York Rd. Balto.

FOR

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

STATE OF MAKTLAND								
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE					
CE	DTIFICATE	OF DEATH						

REG. NO. 20 DATE OF DEATH MONTH 26 HOUR CHESLOCK SATURDAY, JAN. 19,1985 9:55 AM 5 DATE OF BIRTH A AGE UNIVEARSTAST BRINDAYS IF UNDER LYEAR JULY 8, 1896 88 9. BALTIMORE CITY OR COUNTY OF DEATH

MALE WHITE 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?

ALIDOLE

1136 COUNTY

4. RACE

USA

MARRIED NEVER MARRIED WIDOWEDY

BALTIMORE COUNTY 12a USUAL OCCUPATION

12b. KIND OF BUSINESS OR INSURANCE

PIKESVILLE

ALVIN

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP CODE (21209) 6300 RED CEDAR PL. APT. 106

14. FATHER'S NAME JACOB

MARY LAND

ENGLAND

IB CITY OR TOWN OF DEATH

REGISTRAR

L DECEASED NAME

(TYPE OR PRINTS

3. SEX

CERTIFICATION

CHESLOCK

JEWISH CONVAL. CENTER

16b. SOCIAL SECURITY NO

REBECCA 17. INFORMANT

ADDRESS

UNKNOWN

IYES. NO OR UNKNOWN) WWI ARMY

WAS DECEASED EVER IN U.S. ARMED FORCES?

216-32-8511

6300 RED CEDAR PLACE.#106 JACK CHESLOCK

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (g. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR

19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING

NOT WHILE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

206, IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INBURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY P.M 21e. PLACE OF INJURY

21c HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM IS PART LORPART 2

211 LOCATION

CITY OR TOWN COUNTY

220.1 certify that (1) (this hospital) attanded the deceased from saw the deceased alive on Jan 18 obove, (1) (we) (44) (did not) view the body after death

22b. SIGNATURE

(AT HOME STREET, FACTORY, OFFICE FARM ETC.)

DEGREE

ATTENDING MEDICAL PHYSICIAN -

DIRECTOR | PHYSICIAN

and that in (my) (our) opinion death occurred on the date and have and from the causes stated

22c. DATE SIGNED 1/19/85

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

600 REISTERSTOWN RD. (21208)

BURIAL

230 BURIAL, CREMATION, REMOVAL 23b. DATE 1-21-85

DANIEL BAKAL

23c NAME OF CEMETERY OR CREMATORY BETH TFILOH CONG. CEM.

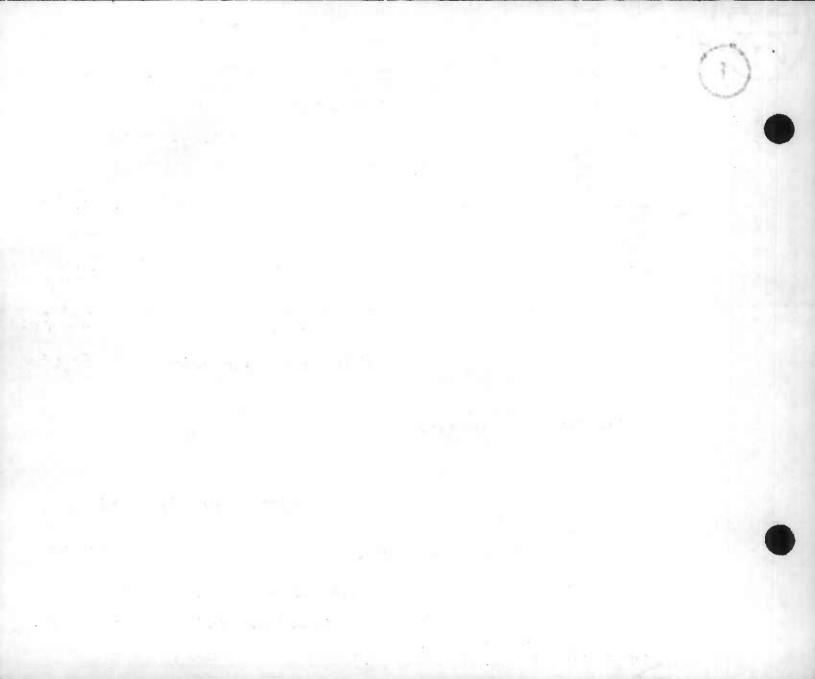
BALTIMORE, BALTIMORE, MD.

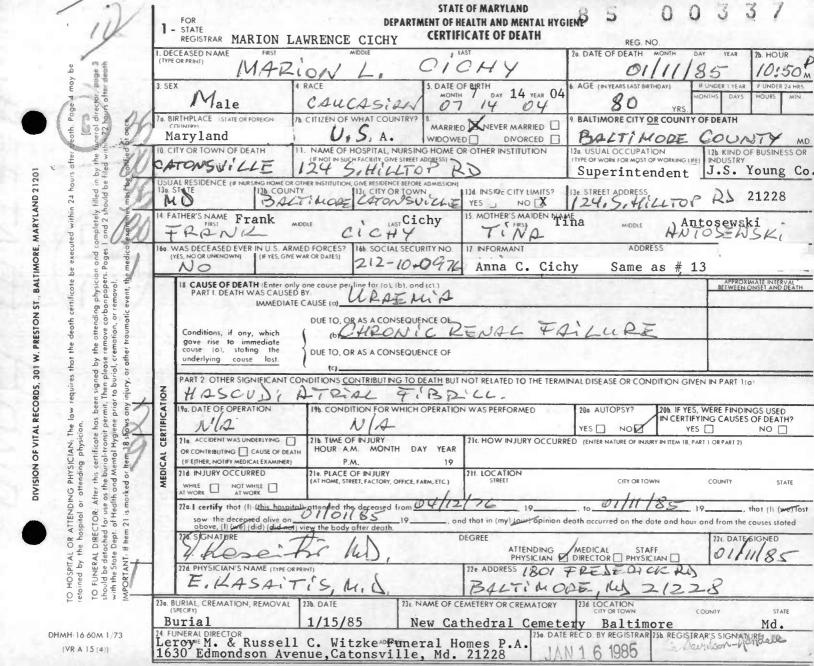
24 FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215) 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

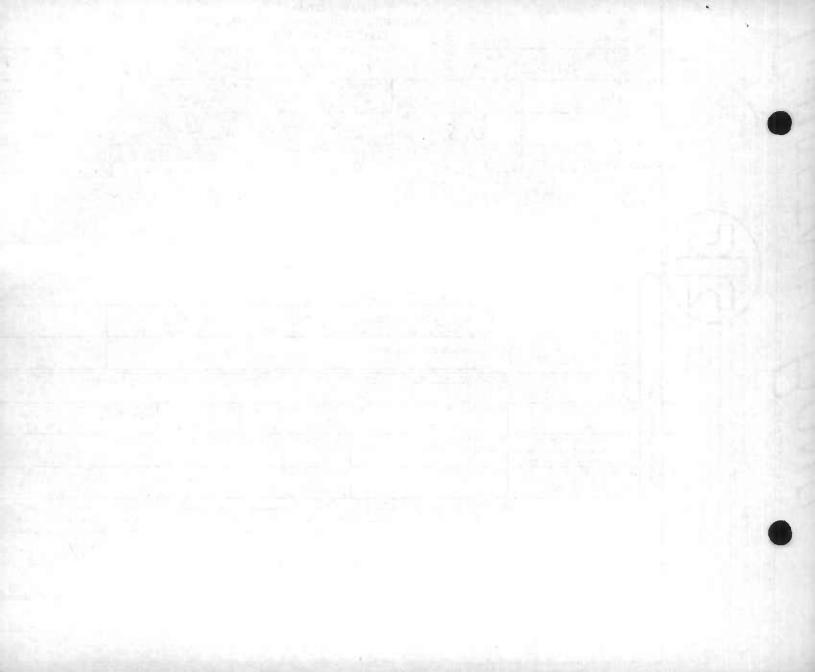
june murason-Mandell

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT







	,		FOR UN	K.#85-1		DE	PARTMENT OF		AND MENTAL	HYGIEN	E E	0	0 3	3	8	
	2		REGISTRAR				ICAL EXAMI			OF DEA		REG. NO.		9/2		
1	1		CEASED NAM				MIDDLE		LAST		20 DATE KNO	TI-	AONTH DA		26 HOUR	
	CURS EET, EET,	3. SE)		Antic I4. RACE	Is DATE O	r ninxi.	L. ACE (III)	C]	lark	FD 0 4 1180	DEATH MA		1-1	1985	/	
1	OU STREET		EMALE	BLACK	OCT	27,	1 968 21	YRS.			2c. DATE PRONOUNCED DEAD		1-1	1,85	9:46 a.	
	FUNERAL DISTRIBUTION OF THE PROPERTY OF THE PR	7a B	RTHPLACE (S		76. CITIZEI		T COUNTRY?	8 MARRI	ED NEVER MA	RRIED X	9 BALTIMORE	_			12-17	
	NEGES PROPERTY OF THE PROPERTY	10.6	MARYI				of A	WIDOW		RCED	Balti	more	Count	У,	M	
	PAGE 5 PAGE 5 PAGE 5		ITY OR TOWN	OF DEATH	(IF NOT I	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 5000 blk. Southwest Blvd. CLERK							WORK 12b	OR INDUBUARD		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	CERTIFICATE SHOULD BE EXECUTED TITING THE WORD "PENDING" IN P DED TO THE CHIEF MEDICAL EXAIS SHOULD BE USED AS A BURIAL OF HEALTH AND MEDEPORTOR TO BURIAL, CREMATION, I PROR TO BURIAL, CREMATION,		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING		T NOT RELATED TO THE TEL	MINAL DISEASE	OR CONDITION GIVEN IN	PART Lini						
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or m	L'AFEA ME	S S	19a. DATE OF	OPERATION	19b.	CONDITIO	ON FOR WHICH OPE	RATION W.	AS PERFORMED?				2	a AUTOPS	Y?	
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	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CIRTIFICATE, WRITI PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 F	13		23. 23.11 H			,	13	• 500							
	AND AND AND			11	ſ	—	ibed above, held an	Autops			Inquiry		ту аріпю	В		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFICATE O	F DEATH	REG. NO.				
DECEASED NAME	FIRST	MIDDLE	LASI		20. DATE OF DEATH MONTH	DAY YEAR	26 HOU	R	
(TYPE OR PRINT)	Walter	r Henry	CLARK		January 19, 19	85	7:1	OA	
. SEX	4. R	RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	24 HRS	
MALE	Ξ	WHITE	MAY 2	1907	77 YRS.	MÖNIHS DAYS	HOURS	MIN	
BIRTHPLACE (STATE O	R FOREIGN 7b.	CITIZEN OF WHAT COUNTRY?	MARRIED NEV	ED MADDIED	9. BALTIMORE CITY OR COUNTY OF DEATH				
MD.		U.S.A.	WIDOWED X	DIVORCED	Baltimore Cou	nty,		N	
CITY OR TOWN OF DE	EATH 11.	NAME OF HOSPITAL, NURSI		INSTITUTION	120. USUAL OCCUPATION	126. KIND O	F BUSINE	SSO	
DATEM	DE F	RANKTIN SOLL		TAL	TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY EXXON DEALER GASOLI				

136 COUNTY 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 5507 DAYBREAK BALTO. BALTIMORE NO X MD. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE CLARK LYNCH MARGARET WITITIAM ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SAME ADDRESS 215-03-9429 ROBT. CLARK (SON)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest, Aortic Occulsion (Acute)	
DUE TO, OR AS A CONSEQUENCE OF Thrombosis	,
Conditions, if any, which (b) Severe Arteriosclerotic Cardiovascular Disease	
gave rise to immediate cause (a), status Post Cerebrovascular Accident	
underlying cause last (c) History of Ventricular Tachycardia	
A DE CONTRA CONT	BIDIDI I

178 DATE OF OPERATION	170. CONDITION TOR WHICH OF ERATE	DIA WAS FERI ORMED	200 A010131	IN CERTIFYING CAUSES OF DEAT		
			YES NOX	YES 🗍	NO 🗌	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		JRRED (ENTER NATURE OF INJUR	TY IN ITEM 18, PART 1 OR PART 2)		
21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn COUNTY	51A	

to January 19 January saw the deceased alive an January 85 , and that in X(y) (our) apinion death accurred on the date and hour and fram the causes stated

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

221 PHYSICIAN'S NAME LTYPE OR PRINT L. Albiol, M.D.

22e. ADDRESS 9000 Franklin Square Drive

(SPECIFY)	BURIAL	1/2 2/85	GARDENS	OF	FAITH	BALTIMORE	ΝIY
	REMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY			236. LOCATION	

DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAS CHIMUNEK FUNERAL HOME INC. 3331 Brehms Lane Balto. Md. 21213

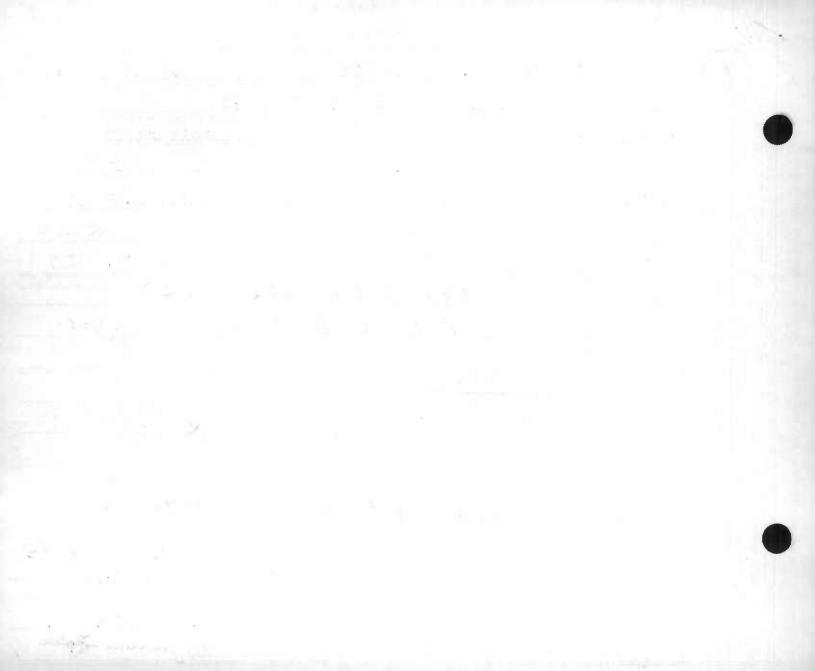
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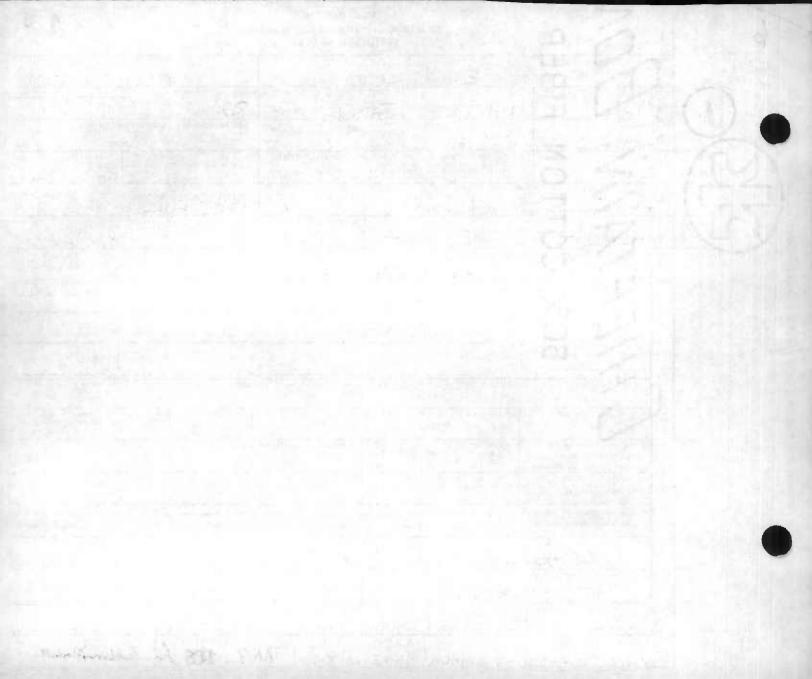
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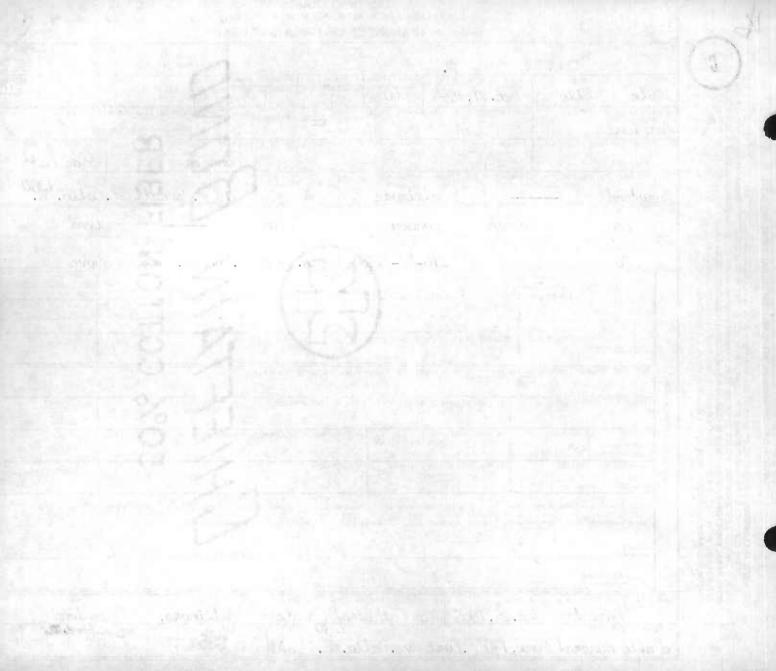


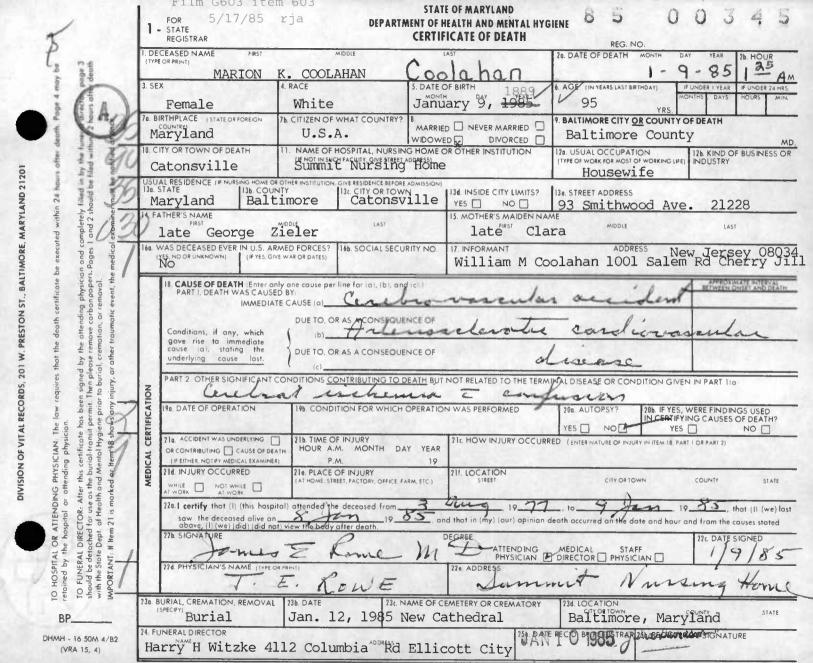
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6	1-	FOR STATE REGISTRAR	DEPARTA	AENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	00343			
		EASED NAME FIRST	WIOOFE	LAST		ONTH OAY YEAR 26 HOUR			
be. eoth	(14hF	OR PRINT) ARTH	IUR E.	COMFORT	1	03 '85 11:00 ^A M			
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nos been no permit.	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?			
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ysician: The		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJURY IN	HITEM TS PART T OR PART 2)			
NG PHYS contending the this cost the bur thond Me orked or H	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
Afte es olth		220 Certify that (I) (this hospite	all attended the deceased from	1/3 19 85	to 1/3				
TOR TOR For up		sow the deceased alive on 1/3 19 85 and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated							
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retoined by the retoined by the TO FUNERAL should be defound with the Store!			PAS, M.D.		01 N. CHARLES	STREET			
E S P S > 3		URIAL, CREMATION, REMOVAL	236 DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE			
BP	B	URIAL	JAN. 5, 1985 L	OUDON PARK	BALTIMO	RE MARYLAND			
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212	A PANDA PAND		ruland			Ba	ltimore	YES		418	E.Ra	ndall	St.	Balt	0.16	Po
WD.			THER'S NAME		MIDDLE ;	-	LAST	15. M	OTHER'S MAIDE	NAME	MIDDL	F			CT T	
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may be

FOR

STATE OF MARYLAND							
DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
CERTIFICATE OF DEATH							

5

1.	- STATE REGISTRAR		CERTIF	ICATE OF DE	ATH	REG. NO).			
	CEASED NAME FIRST	WIDDLE	i.	AST			MONTH	DAY YEAR	26 HOUR	2
(TYPE	LEWIS	С.	COOPE	R, Sr.			1 1	2 85	8:13	3PM
3 SE	rule	4 RACE	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR		
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	NEVER MA	ARRIED T	9 BALTIMORE CITY OF		Y OF DEATH		
	arvland	05	WIDOWE		DRCED	BALTIMO	RE C	OUNTY		MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME O	R OTHER INSTIT	NOITUT	12a USUAL OCCUPATION	, .		OF BUSINES	SSOR
	TOWSON		CHARLES	ST		Storekeep		Gen '	1 St	ore
13a. : M. 14 FA	ATVI AND BAL	timore Spa	NCE BEFORE ADMISSION) OR TOWN TKS LAST OPET AL SECURITY NO.	15 MOTHER'S	Y LIMITS? NOXITH MAIDEN NAM RST	Bo x 31 4	zip cod Fall	DE	1 211 st	
- 1	yes WWZ		07-9099	Mrs.	Eva Co	ooper, Spa	rks	, Md.	XIMATE INTERV	
CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	NSEQUENCE OF NSEOUENCE OF		O THE TERMI	NAL DISEASE OR CONE	DITION GI		NGS USED	
TIF						YES NO		ES	NO [
MEDICAL	22d PHYS LANDS NAME (See	R) PM. 21e PLACE OF INJURY (AT HOME STREET FACTOR 11d) attended the decease 11d	19 r OFFICE, FARM. ETC.) d from	21f LOCATION STREET 2/85 Id that in (my) to DEGREE AT Ph 22e ADDRESS	19	ED (ENTERNATURE OF INJUR CITY OR TOV Leath occurred on the do MEDICAL STAF DIRECTOR PHYSIC	Y IN ITEM 18	county 19 85	st that (I) (w	ATE (e) lost
230	BURIAL, CREMATION, REMOVAL					CITY OR TOWN		COUNTY	4.4	ATE
24 F	Burial UNERAL DIRECTOR	11-15=85	Mt. Zio	on Cem	etery 25g. DATE	REC'D. BY REGISTRAR		alto TRAR'S SIG	MIRE OF	ld.
	NAME		DDRESS				A. N	The state of	anacom	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and complishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

retained by the haspital or ottending physician.

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IMPORTANT: If them 21 is marked at them 18 shaws

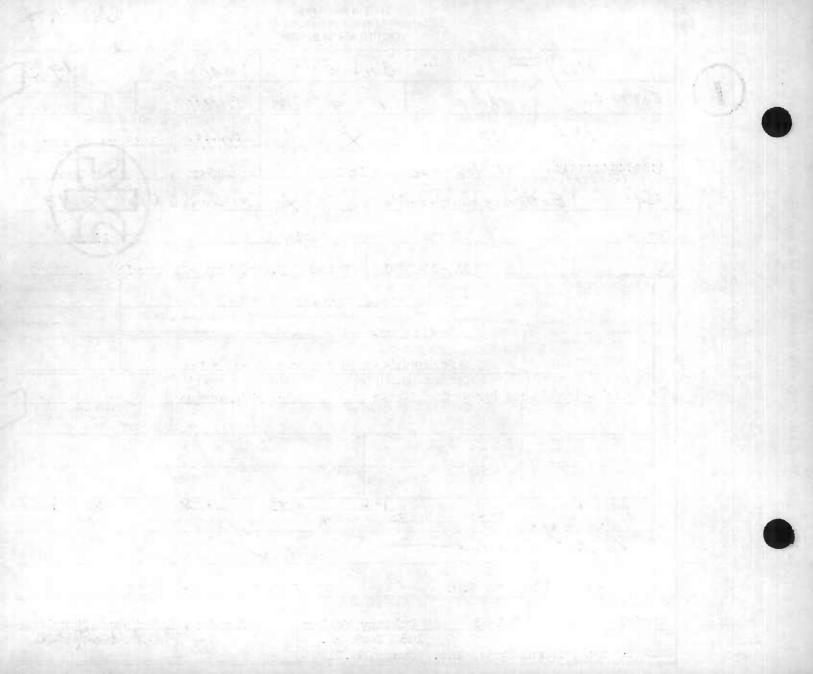
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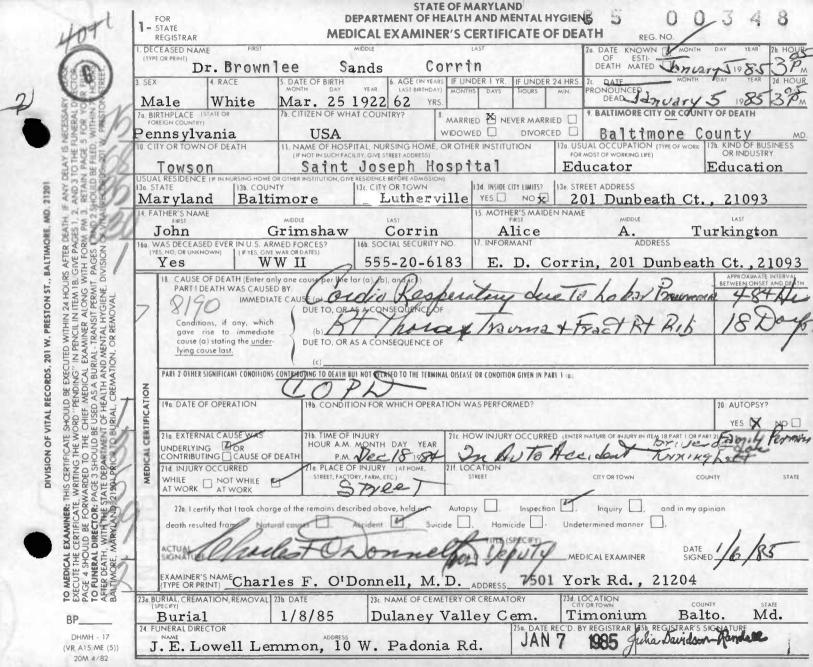
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he law on. t permit ene pri	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	WAS PERFORM	AED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES (GS USED OF DEATH? NO
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0 to 0 to 1 mm	230	BURIAL CREMATION R		23b DATE		AME OF C	EMETERY OR CRE		23d. LOCATION			
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DHMH - 16 60M 7/B4		FUNERAL DIRECTOR					rk Rd.	250 DATE	REC'D. BY REGISTRAR	28. AGISTR	SIGNAR	Sha DO
(VRA 15, 4)	R	uck Towson I	unera	1 Home	. Inc. To	wson	Md . 21204	FEB	REC'D. BY REGISTRAR	1	, land , and	





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		CEASED NAME VERNI	MIDDLE L.	Co	wan	2a. DATE OF DEATH	MONTH DAY		CHO DM
	1. SE	emale	white	5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
3	Pe	noulvania	L.S. 1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH EACHLITY, GIVE STREET	MARRIE WIDOWE		P BALTIMORE CITY O Baltim 17a USUAL OCCUPATH (TYPE OF WORK FOR MOST O HOMEMAKE:	ON F WORKING LIFE)	Count	Y MD OF BUSINESS OR
33	N	TATE IN NURSING HOME OR O TATE 137 COUNT I AT VI AND	other institution give residence before 13c. CITY OR TOW Baltim	VN .	[]	3305 Fri	zip code sby St.	212	18
W	1	Benjamin .				rriet Wilso		LAS	ī
- Control		VAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (IF YES, GIVE V			Records of Mo	d. Masonic			
mer traumatic event, m		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	BY:	Jeh Sti	y drati	07		BETWEEN	IMAŤÉ INTERVAL ONSET AND DEATH
y minny, or o	MOIL	PART 2. OTHER SIGNIFICANT CO	DNOTTIONS GONTRIBUTING TO LIPE CONDITION FOR WHICH	tia		INAL DISEASE OR CON	DITION GIVEN		
1	CERTIFICATION	190 DATE OF OPERATION	TYS CONDITION FOR WAICH	OPERATIO		YES NO	IN CERTIFYII	NG CAUSES	OF DEATH?
9	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	HOUR A.M. MONTH D. P.M. 216. PLACE OF INJURY	AY YEAR	216. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PARI	I OR PART 2)	
o f	WEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC)	STREET	CITY OR TO	ww	COUNTY	STATE
PORTANT: II INSEE ZI 18 INSE		270.1 certify that (I) (this haspito saw the deceased alive an above, (I) (two) (did) (did not) 270.1 Constitution of the PHYSIC (ALL STAME (TYPE OR)	view the body after death.	, a	22e ADDRESS	MEDICAL DIRECTOR PHYSIC	ote and hour o		
The state of the s	23a E	BURIAL, CREMATION, REMOVAL PECIFY			CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Pikesvill		COUNTY	STATE M.d.

DHMH - 16 50M 4/83

74 FUNERAL DIRECTOR

ADDRESS 6500 York Rd.

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212 (VRA 15, 4)

Druid Ridge

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	DE/	G. NO.		
	CEASED NAME	FIRST	MIDDLE	Į.	AST	2a DATE OF DEAT		DAY YEAR	26 HOUR
1000	CORPRINT	LAURA	GERTR	UDE	COWEN	January	15	,1985	413
3 SE	X	4. RAC	E	5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	# UNDER I YEAR	IF UNDER 24 I
1	Female	W	hite	Marc		86	YRS.		
	IRTHPLACE (STATE OR COUNTRY) Maryland		U.S.A.	RY? 8 MARRIE WIDOWE	D NEVER MARRIED X	9. BALTIMORE CI Balti	more Count		
1	Catonsville	ATH 11. NA	AME OF HOSPITAL, NUR NOT IN SUCH FACILITY, GIVE ST 4 Chalfonte	RSING HOME (12d USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retail Sales -Retired -Ant			
USU.			NSTITUTION GIVE RESIDENCE BE	OWN	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRI	ESS / ZIP COI	DE	21228
IA. FA	ATHER'S NAME FIRST Franklin	WIDOTE	Cowen		15 MOTHER'S MAIDEN NAME FIRST Eliza	Virgi	nia	Durhan	
	WAS DECEASED EVER	IN U.S. ARMED FO		ECURITY NO.	17 INFORMANT	Al	DDRESS		
	No	TIP YES, GIVE WAR OF	214-01	-7277	Harriet Ho	lmes S	Same as	# 13	
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IFICATION	gove rise to im- cause (a), statu underlying couse	which mediate ag the last.	(b) Callen UE TO, OR AS A CONSE (c)	OUENCE OF	NOT RELATED TO THE TERM	IN AL DISEASE OR (CONDITION G	GIVEN IN PART I	INGS USED S OF DEATH
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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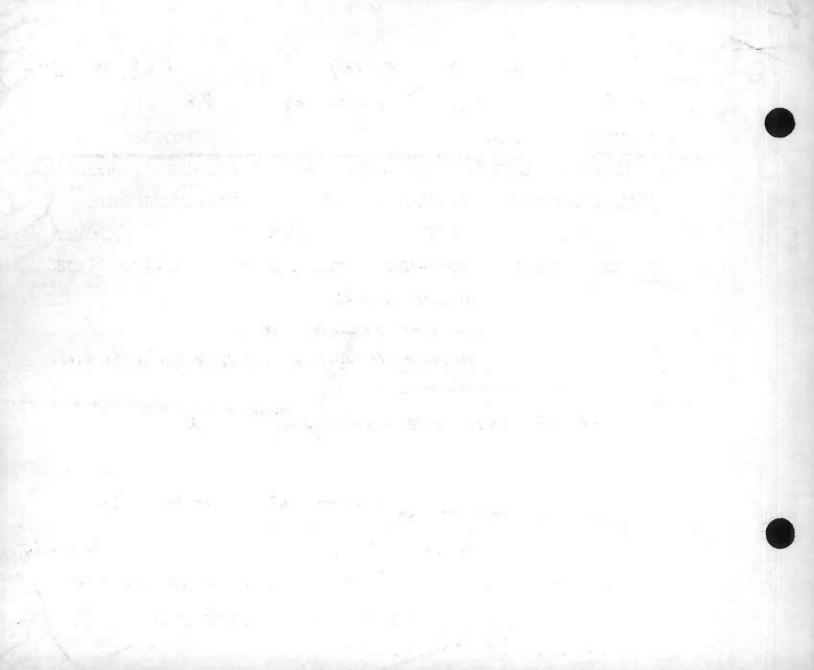
~	1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 0 0	2 4
(1)		CEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
7 33)		KATH	ERINE M.	CR	OWELL	JANUARY 24,	1985	6:25AM
	3. SE	X	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
ge 4		FEMALE	WHITE	MARC	н 7, 1888		'RS	
of Pod of		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8. MARRIET	NEVER MARRIED	9. BALTIMORE CITY OR COL	UNTY OF DEATH	2 5 5 5 5
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ore to		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), o	nd (c))		APPRO BETWEEN	NONSET AND DEATH
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Or o		22a.1 certify that (1) this hospi	tal) attended the deceased from	Sept	82	24 am	1085	then the free less
TEN TO OR: THE		sow the threated hive on	V6 NOV 10	341 00	d that in (my) our) opinion	death occurred on the date and	d hour and from the	e causes stated
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the the tach		1-14	Jan Jan		ATTENDING PHYSICIAN	MEDICAL STAFF	2/1.	1-05
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Short Short	230	BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	1234 LOCATION	<u> </u>	
BP		BURIAL	JAN. 26, '85 S			CITY OR TOWN	COUNTY	STATE
The second second	24 F	UNERAL DIRECTOR	PHM . 20 . 03 2	FRING		L'HRY L'ASTON TE REC'D. BY REGISTRAR 25b. RE		
DHMH - 16 50M 4/83 (VRA 15, 4)			NSON8521 LOCH	BAVE		N 2 5 1985	Modern Links	indella
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500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME 2b. HOUR TYPE OR PRINTS 2:33 January 24, 1985 Georgette Elsie DAVIS 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS June 18, 1936 48 White /Female BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA Maruland WIDOWED DIVORCED [] Baltimore County 12a USUAL OCCUPATION O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Saleslady INDUSTRY Franklin Square Hospital Rossville OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY Baltimore 13d. INSIDE CITY LIMITS? 5901 Greenhill Ave. 21206 Md. 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST MIDDLE Lizette Lindemann George Burck 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 216-32-5992 Mr. John R. Davis Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), 1b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Cardiac Arrest DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Metastatic Adenocarcinoma of Breast gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT 71m ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE 22a I certify that (h) (this haspital) attended the deceased from January 22 1985 to January 24 .19_85..., and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on January above, (+ (we) Idid) (did not) view the body of 226 SIGNATURE DEGREE MEDICAL DIRECTOR PHYSICIAN X PHYSICIAN

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Gdns, of Faith

TO HOSPITAL OR ATTER

TO FUNERAL DIRECTOR
Should be detached for with the Stote Dept. of MADRIANT, if Hem?). of MADRIANT, if Hem?). of MADRIANT, if Hem?).

DHMH - 16 50M 4/83 (VRA 15, 4)

Lebnard J. Ruck, Inc. Baltimore, Maryland

Jan. 28, 1985

236 DATE

Mark F. Peterson, M.D.

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

250 DATE REC'D BY REGISTRAR'S REGISTRAR'S SIGNATURE

COUNTY

Md.

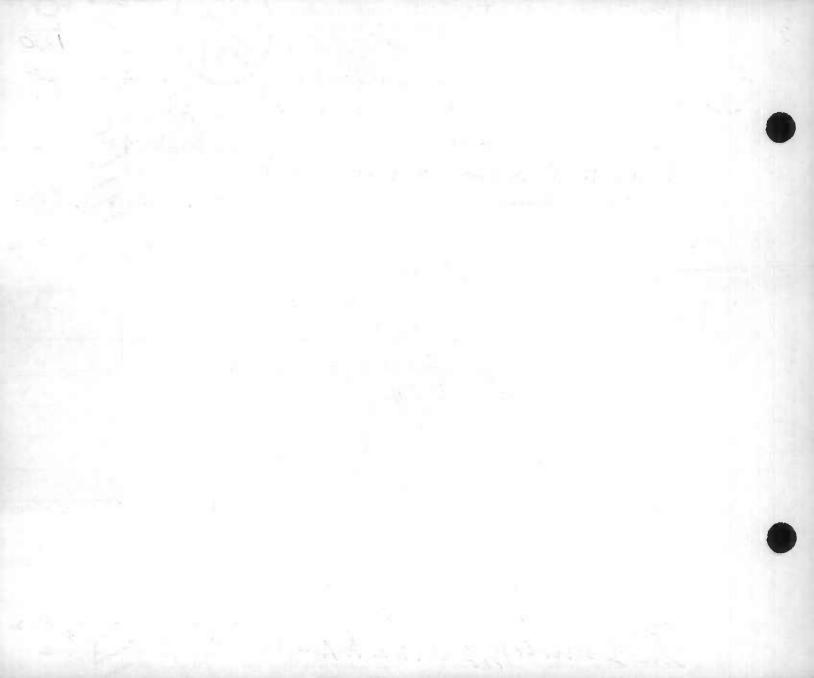
STATE

9000 Franklin Sq. Dr., 21237

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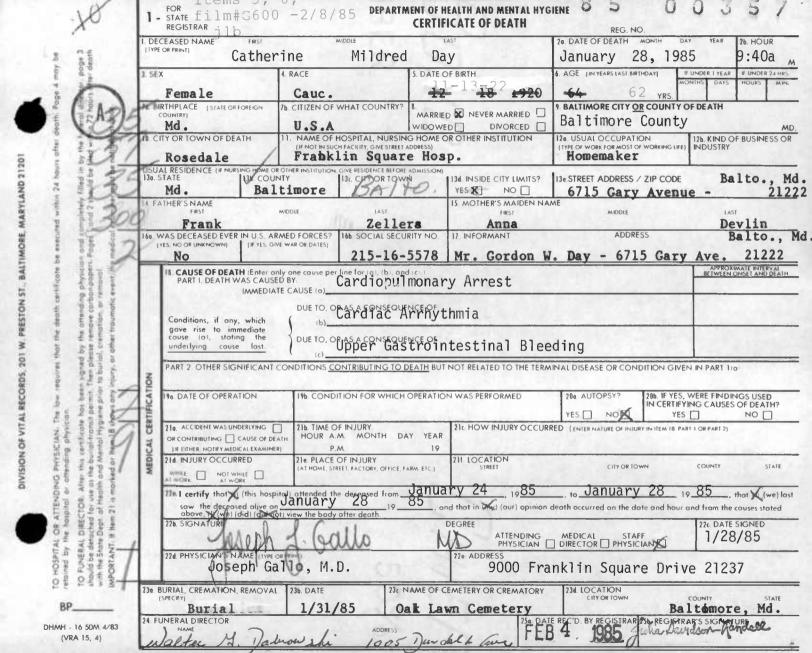
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			P. Harriston, April 18	and at Sentime

,		em 13e per phone		STATE OF MARYLAN MENT OF HEALTH AND ME CERTIFICATE OF DE	NTAL HYGIENE	රි 5	0 0 3	5 5
A may be		REGISTRAR CEASED NAME THST OF TRIVET FRANCE CEASED NAME THST CEASED NAME THST CEASED NAME THST CEASED NAME THST	E R A	S. DATE OF BIRTH	\$ 6. AGE	(IN YEARS LAST BIRTH	MONTHS DAYS	P UNDER 24 HRS.
ofter death. Page and within 72 hours		TY OR TOWN OF DEATH III. N	IZEN OF WHAT COUNTRY? S / H JAME OF HOSPITAL, NURSIN HOT IN SUCH FACILITY, GIVESTREET	MARRIED WEVER MA WIDOWED DIVO IG HOME OR OTHER INSTITI	RCED 12a USL			MD. OF BUSINESS OR
d within 24 hours spirited in b and 2 should be th	M	THERS NAME	INSTITUTION GREENSDENCE BEFORE	ADMISSION) (N 13d INSIDE CITY	LIMITS? 13e.STRE	ET ADDRESS / TO NIDDLE	ZIP CODE ranklin St	
be execute on and con ru. Pages 1, re medical		VAS DECEASED EVER IN U.S. ARMED F 15. HO DE UNIONINI 15 TEL DIVE WAR O	2152Y	3443	Т	ADDRES		MATE INTERVAL ONSET AND DEATH
requires that the death certification is a second to the property of the property of certification, or certification, or certification, or certification, or certification, or certification or certification or certification.	INCATION	Conditions, if any, which gave rise to immediate cause to immediate underlying cause last. PART 2. OTHER SIGNIFICANT COND	(b) OH AS A CONSEQUENCE TO, OH AS A CONSEQUENCE TO, OH AS A CONSEQUENCE (c)	ENCE OF BUT NOT RELATED TO			TION GIVEN IN PART 1:	
N. The law typican. cate has be annit perm tygiene pri	CERTIFICA	21s. ACCEPHT WAS UNDBRIVENC 7	IL TIME OF INJURY HOUR AM, MONTH &	1/1	YES [] NO[]	IN CERTIFYING CAUSES YES IN ITEM 18 PART 1 OR PART 2)	OF DEATH?
ENDING PHYSICIA till or ottendring ph 28. After this centric vate as the burdical Health and Avertal is marked or literal	MEDICAL	19 EITHER NOTEY MEDICAL DAMPINET 214. INJURY OCCURRED 2	P.M. Te. PLACE OF INJURY AL HOME SHEET, FACTORY, OFFICE P	211 LOCATION STREET	19_1 10_	CITY OR TOW		STATE tho (1) (we) lost
HOSPITAL OR ATTI		27h SIGNATURE 27a PHYSRUPI SNAME THE OF PER	The body biter death. The body biter death. The body biter death. The body biter death.	DEGREE	ENDING MEDIC YSICIAN DIRECT	AL STAFF	22c. DATE	
BP	5	IURIAL PREMATION, REMOVAL 726		MED CEMETERY OR CRI	Cel. Q	CATION LITY OR TOWN BY REGISTRAR 25	coyôr C pregistrar's signat who Davidson-V	Pandage.



7-8	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 5 0	0 3 5 6
7 (2)	I. DECEASED NAME FIRST	MIDDLE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(10)	Cardell	S.	Dawson 5. Date of Birth	Jan. 24, 19	85 M
	Female	White	April 19 1912	72 YRS	MONTHS DAYS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT			Y OF DEATH
TE TE	Virginia	USA	WIDOWED DIVORCED	Baltimore C	ounty MD.
. 11/00	Dundalk	11. NAME OF HOSPITAL, NUF 7 101 DUNS hi	SING HOME OR OTHER INSTITUTION REET ADDRESS) C e Way 21222	TYPE OF WORK FOR MOST OF WORKING CASHIER	12b. KIND OF BUSINESS OR INDUSTRY
24 hour	Usual residence (# nursing ho) 130. STATE 136 C Maryland Ba	ME OR OTHER INSTITUTION GIVE RESIDENCE BE OUNTY 13c CITY OR TO 1timore Dunds	FORE ADMISSION) DWN 13d. INSIDE CITY LIMITS? YES \(\text{VES} \) NO (\(\frac{1}{2} \)	134 STREET ADDRESS 7101 Dunshir	e Way 21222
MARYLA ed within mpletely and 2 sh	M FATHER'S NAME Cardwell	Daws on	15 MOTHER'S MAIDEN NA	WIDDLE	Mahan
n ond co	160 WAS DECEASED EVER IN U.S. (1985, NO ORUNKNOWN) (1994)	ARMED FORCES? 166 SOCIALS S. GIVE WAR OR DATES 219-18	10 10	Rosen 1823 T	yler Rd 21222
ECORDS, 201 W. PRESTON S ow requires that the death cer been signed by the attending rmit. Then please remove corbo prior to burial, cremotion, or re ony injury, or other troumofic.		DUE TO, OR AS A CONSE	QUENCE OF LETTER TO THE TERM		IVEN IN PART 1101
×	196. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYIN		ICH OPERATION WAS PERFORMED	YES NO IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
ON OF VITAL IYSICIAN: The ding physicion is certificate h buriol-tronsit p Mentol Hygier or frem 18 shove	OR CONTRIBUTING CAUSE C	DE DEATH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 16	3 PART I OR PART 2)
VISIO Offen of the ond ond the do	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	CE, FARM, ETC.) 216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIN hospitol or of RECTOR: Aft RECTOR aft or use of ppt. of Health fem 21 is more	sow the deceased aliv	nospital) attended the deceased from onl d,not) view, the body after death.		deoth occurred on the dote and he	
By the hy By the hy By the hy Jeroche Jore Dep	226. SIGNATURE 226. PHYSICIAN'S NAME (Jatherson.	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1 25 85
O HOSPI refused by TO FUNE thould be with the S	THEOC	PATTERSO	0 342/1	Imdalk are	71555
21	23a. BURIAL, CREMATION, REMO	The second secon	30 NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
BP	Burial 24 FUNERAL DIRECTOR	01/26/85	morelands Cemeter		ore Md.
DHMH - 16 50M 4/82 (VRA 15, 4)	NAME	neral Home of	SS I A	1 / 1.	Davidson Rondone

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X	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 5	0	0 3	5 8	
		CEASED NAME FIRST		MIDDLE				MONTH DAY	YEAR	26 HOUR	
B 11				.ca DEHAVEN				, 1985		1:55 a _M	
1	3. SEX		4. RACE 5. DATE OF BIRTH MONTH DAY YEAR			6. AGE (IN YEARS LAST BIRT	HDAY) IF		HOURS MIN.		
0.0		Female	White 2/2		4/1899	8.9 75 YRS.					
6/	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois			76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWE		NEVER MARRIED DIVORCED	Baltimore County Baltimore County A				
1 8/	10 C	altimore	11. NAME OF HOSPITAL, NURSING HOME OR OT (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS)				12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE			BUSINESS OR	
136	USU 13a	AL RESIDENCE (IF NURSING HOMEO STATE 13 COU	rother institution. NTY imore	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / 5220 YOT	zip cone k Rd.	all	212	
20	14. E.	ATHER'S NAME Harry	WIDDLE	Doyle		15. MOTHER'S MAIDEN NA Mammie	WE	Fit	zmorr	is	
17		WAS DECEASED EVER IN U.S. AI		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	SS			
		YES NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	214-20-	1207	Michael De	eHaven 83	3 Mt.	Verno	on Ct.	
ted by the ottending physical please remove corbon page. Uriol, cremotion, or render, or other troumotic event it.		18 CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUS) IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, O	Bladder Ca or as a conseque varices, H or as a conseque	rcinc NCE OF I lepoti NCE OF	ma with Metas Peptic Ulcer I Congestive	Diseaze,Esop athy,Cirrhos e Heart Fail	is,and ure	,	ATÉ INTÉRVAL VSET AND DEATH	
giene prior to bu	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION			N WAS PERFORMED 200 AUTOPSY? 200 IF YES, WER IN CERTIFYING YES \(\text{NO} \) YES \(\text{YES} \)			WERE FINDING NG CAUSES C	ERE FINDINGS USED G CAUSES OF DEATH?	
ding physics of the service of the s	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A. (R) P. 21e PLACE	.M. MONTH DA M. OF INJURY	19	21c. HOW INJURY OCCUR			(OUNTY	STATE	
After the	×	WHILE NOT WHILE TAT WORK 270. I certify that (1/2/(this base)		ne deceased from		STREET 19.85	to January	16 10	0.5	nat (K (we) last	
CTOR. of He of He n 21 is		226.1 certify that (X(this haspital) attended the deceased from January 4									
AL DIRE letoched ite Dept T: If Iten		226 SIGNATURE	ne Co	8	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1-16-8						
should be derived the Stote		220. PHYSICIAN'S NAME (TYPE B. Jagiello)		22e ADDRESS 9000 Frankl					
or services	23a	BURIAL CREMATION REMOVAL	~	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION				
		Burial	1/19	/1985 Lo	oudor	Park Cem.	CITY OR TOWN	Bal	timor	e Md.	
- 16 50M 4/83	24 F	UNERALDIRECTOR			DOCT	25a. DA	AN 1 8 1005	256. REGISTRA		RE	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME Alice 20. DATE KNOWN DEATH MATED JEAN DEIGERT DATE OF BIRTH AGE LIN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) 01 23 62 YRS W 0.2 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA USA DIVORCED BALTO COUNTY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION UPATION TYPE OF WORK 126, KIND OF BUSINESS LIF NOT IN SUCH FACILITY GIVE STREET ADDRESS Recording Lerk JOSEPH HOSP TOWSON AL RESIDENCE (IF IN NURS HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13s. STATE COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS WOODRING AVE 21234 3028 MD 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. 7. INFORMANT (IF YES, GIVE WAR OR DATES) NE, NO, OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line to PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS-A Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE X 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Suicide Hamicide Undetermined manner Natural couses PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BANIMORE, MARYL EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE BP. REGISTRAR'S SIGNATURE wa Daydon- pandell. DHMH = 17 Miller Inc-0+15 Belair Rd -21206 (VR A15 ME (5)) 20M 4/B2

THE THE COLUMN TWO IN THE TAX IN tro - in the stance (c) n 0.7 10.1 THE SHORT William Commencer 21-12-275 xc. borotin . was cit. 1. 1200 Chileson Ciliated To 185 Mar pecial property of the second on Juiler mo-4/7 delection - 1286

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mpletely filled in by the funeral director and 2 should be filed within 72 hours of

completely

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CERTIFICATI	E OF DEATH	REG. NO		K		
	ATMOS COLORUS II		AIDDLE	LAST	0.000	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR				
	JUSEPI			ROOK <u>→</u> M		1 22 85 11:0				
	MALE MALE	CAU	5	DATE OF BIRT	DAY YEAR	6. AGE (IN YEARS LAST BIRTH		FUNDER LYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.		
-	70. BIRTHPLACE (STATE OR FOR		WHAT COUNTRY? 8. MARRIED NEVER MARRIED		VEVER MARRIED X	9 BALTIMORE CITY OF				
MARYLAND U.S.A.			• A • v	VIDOWED [DIVORCED [BALTIMORE COUNTY				
2	TOWSON	GBMC		CHARLE		120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
3	MARYLAND I	S HOME OF OTHER INSTITUTION BALTIMORE	GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN 21234	13d IN	□ NO X	13e.STREET ADDRESS / 7800 OAF		212	34	
5	MELVIN	NEWTH	MORRIS	15. MC	DANIELLI	MIDDLE	Iwh	DEL	BROOK	
	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	AR OR DATES)							
			WELVIN N. MC			ORRIS7800 OAK AVE			21234	
	PART I. DEATH WAS	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: CARD IO RESPIRATORY ARREST							MATE INTERVAL ONSET AND DEATH	
	1^									
	Conditions, if ony, which gove rise to immediate									
	underlying couse	couse (o), storing the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c)								
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO								
MEDICAL CERTIFICATION	19ª DATE OF OPERATION	DN 196 CONDI	TION FOR WHICH OF	PERATION WAS	PERFORMED	200 AUTOPSY? YES NO[X	10b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO			
		LIOUP A	FINJURY M. MONTH DAY	YEAR 216 H	OW INJURY OCCURRE	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART T	OR PART 2)		
	(IF EITHER NOTHY MEDICAL	EXAMINER) P.		19						
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET		CITY OR TOW	COUNTY	STATE			
	sow the deceased	22e certify that (1) (this hospital attended to deceased from 1/22 , 19.85 , to 1/22 , 19.85 , that (1) (we) los saw the deceased alive an obove, (1) (we) (did) (did not) view the body after death.							that (II (we) lost couses stated	
	22b. SIGNATURE	0 1	2 (1 / 4	DEGRE		AAEDICAI STAEI		22c. DATE		
	224 PHYSICIAN'S NAM	J. C. PI	my ch	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN				1-23-85		
	M. MONT					N. CHARLE	T2 2			
-	230 BURIAL, CREMATION, RE		23c NA	GBI ME OF CEMETE	MC - 6701 RY OR CREMATORY	123d LOCATION	3 31			
	BURIAL		6, '85ST.	IGNAT		H HARFORI		MAR	YLAND	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

IMPORTANT: If them 21 is morked or Item 18 shows ony

24 FUNERAL DIRECTOR WILLIAM

E.

JAN. 26, 85ST.

JOHNSON8521

HURCH HARFORD CO. MARYLAND
250. DATE RECID BY REGISTRAR 28. REGISTRAR 2. SIGNAPORE

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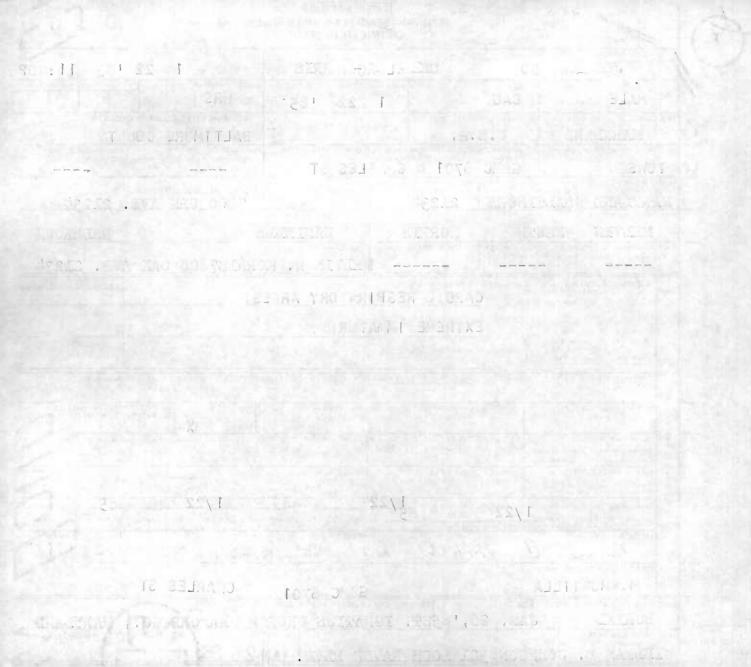
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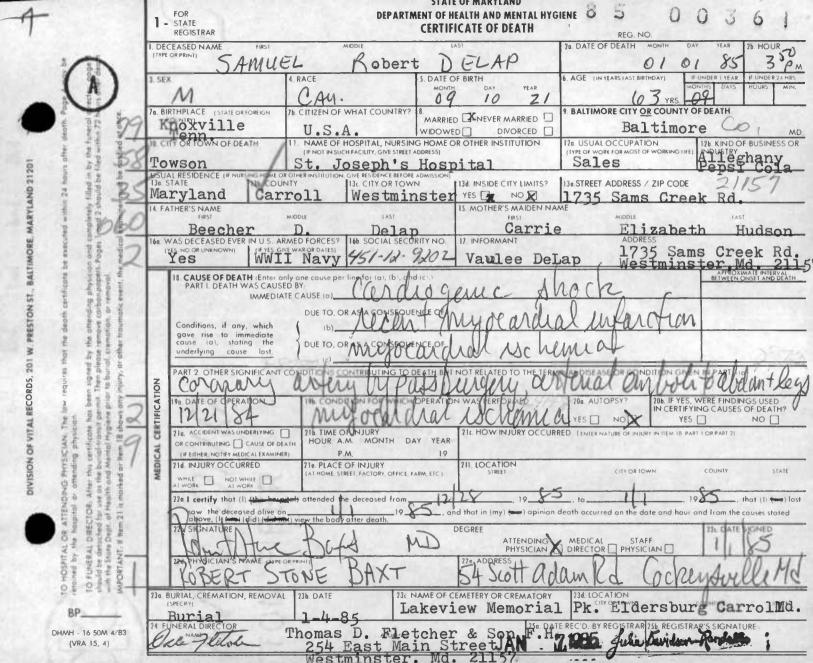
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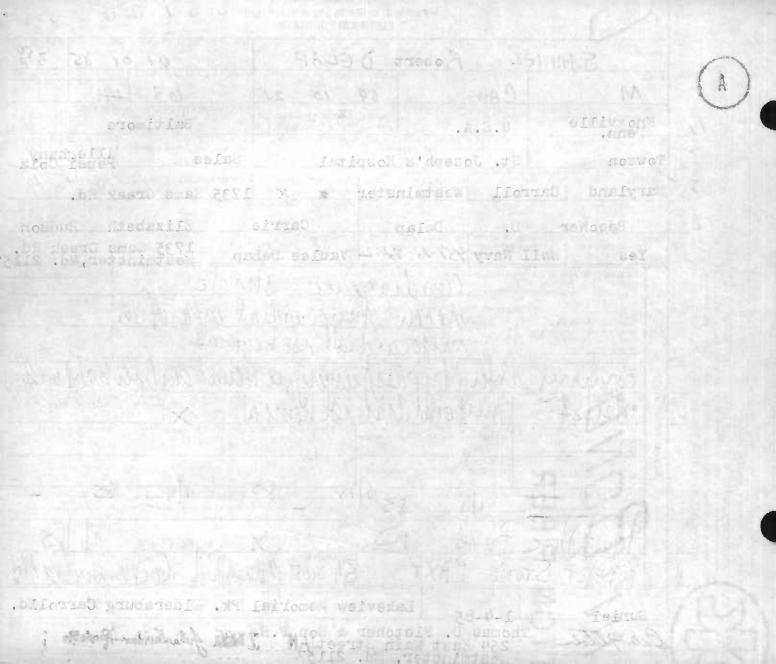
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250. DATE RECID BY REGISTRAR 28. RE

LOCH RAVEN JAN 25 1985 BLVD







8	5
REG. NO.	

1	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE O REG. NO	5 0	0 3 6
	CEASED NAME FIRST	MIDDLE	LAST		AONTH DAY YEAR	26 HOUR
	Peter	Α.	DELLAFIORA	January 25,		9:45A M
1 SE		4. RACE	5. DATE OF BIRTH MONTH 12-0912 YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAY	
-	Male		3-12-1912	/C	YRS.	
	IRTHPLACE (STATE OR FOREIGN Pennsylvania	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city of		MD
n.c	Rossville		AG HOME OR OTHER INSTITUTION ADDRESS) USINE HOSpital	Superintend	N 126. KIND WORKING LIED INDUSTR	of BUSINESS OR
USU 13a.	AL RESIDENCE (IF NURSING ME STATE CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 136. Batto.	N 13d. INSIDE CITY LIMITS? YES NO [5013 Kne	Zy E Ave21	Drydock 206
4. F.	ATHER'S NAME FIRST Jacob	Dellafiora LAST	15 MOTHER'S MAIDEN N			LAST
	WAS DECEASED EVER IN U.S. (YES, HOOR UNKNOWN) (IF YES,	ARMED FORCES? 166. SOCIAL SECU 209-07-6	745 Mrs. Lucia	R Dellafiord		L Ave. 212
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per line far (a), (b), an	ry failure, Aspi			OXIMATE INTERVAL IN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	(b) Renal fai DUE TO, OR AS A CONSEQUE (c)			DITION GIVEN IN PART	Ira
10N					la de la companya de	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DA	AY YEAR 19	JRRED (ENTER NATURE OF INJUR	Y IN ITEM IB PART 1 OR PART 2	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) 211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
	saw the deceased alive above, (IX(we) (did) (dX)	spital) attended the deceased fram an January 25 198			te and havr and from t	
	27h SIGNATURE	v. lon M&		MEDICAL STAF	F - 1/	25/85
	Gregory R		9000 Frank	lin Sq. Dr.,	21237	

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

23d LOCATION
CITY OF JOWN TO. Md.

STATE

24 FUNERAL DIRECTOR John C. Miller Inc-6415 Belair Rd. -21206

Gardens of Faith Cem. Balto. Md. COUNTY STATE

158 DATE REC'D. BY REGISTRAR 250 REGISTRAR 35 GISTAR 35 GIS

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a'2, ic.	es or with jen		D Co	112:51

FOR - STATE REGISTRAR I. DECEASED NAME TYPE OR PRINT 3. SEX Female TO. BIRTHPLACE ISTATE OR FORFIGN jermany O CITY OR TOWN OF DEATH Dundalk

TYES, NO ONUNKNOWN)

underlying

CERTIFICATION

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MPORTANT: the St

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PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse (o), stating

couse

last.

STATE OF MARYLAND CERTIFICATE OF DEATH

5. DATE OF BIRTH

70

WIDOWED KOK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEMMRICH

MARRIED NEVER MARRIED

92

DIVORCED

FIRST

REG. NO 2a. DATE OF DEATH MONTH

JAN 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR

YEAR 26. HOUR

IF UNDER 26 HRS

9. BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County

176 KIND OF BUSINESS OR Housework

LAST

Retired MERIDIAN NRSG. CTR. - HERITAGE Dundalk 541 Larkfield Road 21222 NO XX 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE MIDDLE Hahn

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

76. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HEIDENE

4. RACE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))

IMMEDIATE CAUSE (o)

White

166 SOCIAL SECURITY NO.

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

17 INFORMANT

ADDRESS

1 mon 1

Albert E. Leonhardt 541 Larkfield Rd. CAKDIO NESPIRATORY

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	
			YES NO	YES [NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19				
21d. INJURY OCCURRED	21e. PLACE OF INJURY	214 LOCATION STREET	CITY OR TO	IWN COUNTY	STATE

NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from

saw the deceased alive an. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 1- 08 0:

22e ADDRESS

ATTENDING

PHYSICIAN PIRECTOR PHYSICIAN

	0.	C .	VENE	- KAY	ON	VK	140.
23a. B	URIAL, CRI	MATIO	N, REMOVAL	236 DATE		23	NAME OF

CEMETERY OR CREMATORY Parkwood (emeter

Parkvi

STAFF

harles

DHMH - 16 50M 4/83 (VRA 15. 4)

Eastern Ave.

MEDICAL

BP.

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STATE

REGISTRAR

8605 DeLEGGE DuLUZIO ESTHER DILEGGE 8605 DeLEGGE RD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 9000 Franklin Sq. Dr., 21237 BALTO. RITRIAT 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE a variason-Randelle DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

IF UNDER 1 YEAR

INDUSTRY

126. KIND OF BUSINESS OR

PRODUCE

DEATHER THE STATE OF THE STATE As E-James Characterist & P. W. Color

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR

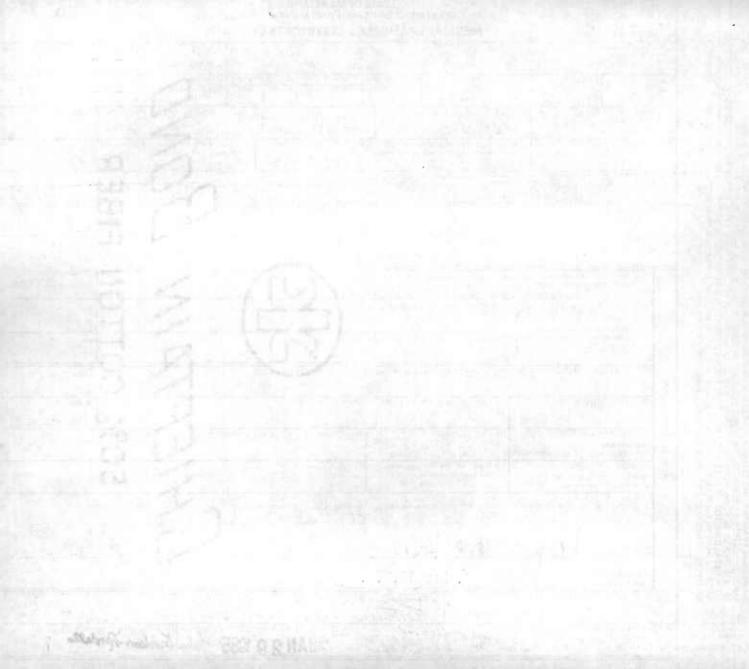
REGISTRAR

- STATE

(VRA 15, 4)

3 / KAL 1975

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	,		CEASED NAME FIRST		MIDDLE		LAST		1	20. DATE KNOW		TH DAY YE	AR Zb. HOUR
Ox Bell		(TYP)	FRA	NK	R	1	NOXIC		- 11	OF ESTI-		25-85	
365	8	1-SEX	4 RACE	S. DATE OF	BIRTH	6. AGE (IN YEAR	s IF UNDER	R 1 YR. IF UNDE	R 24 HRS.	2c. DATE	MON	TH DAY YE	AR 2 AMOUR
AD. 21201 2. AND 3 TO THE FUNERAL DITE. 3. RETAIN PAGE 5 FOR YOUR 2'S HOUGH BE FILED, WITHIN 72		m	de Thite	5-1-	1934	LAST BIRTHDAY		DAYS HOURS	MIN	PRONOUNCED DEAD	1-	25-85	11:32 M
ECESSARY INVERAL DIR FOR YOU WITHIN Y		7a BI	RTHPLACE (STATE OR	76. CITIZEN	OF WHAT COUN	TRY?	MARRIED	NEVER MARK	RIED	9 BALTIMORE CI	TY OR CO	UNTY OF DEATH	
NEG VIEW			Mid.	4	. J. A.		WIDOWED	DIVOR	CED 🔲	Baltimor	re Cou	inty	MD.
LIST HE F		10 CI	TY OR TOWN OF DEATH		F HOSPITAL, NUF		OR OTHER I	NSTITUTION	12a USU	AL OCCUPATION	TYPE OF WO	RK 126 KIND-OF	BUSINESS
E A TO TE			ndallstown	Balti	more Co.	Gener		pital	Be	1 Len	lev	lan	en
MAN DE DE	5/16	USUA 13a, Si	LRESIDENCE (IF IN NURSING HOME C	R OTHER INSTITUT	ION, GIVE RESIDENCE	DEFORE ADMISSION		. INSIDE CITY LIMITS?	Liza STRI	EET ADDRESS	' /	3.	
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MD. H. H. 3. 2. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	1111	14. FA	THER'S NAME	MIDDLE	n.	AST	15.	MOTHER'S MAID	DENNAME	MIDDLE	7	LAST	
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T., BALTIMORE, MD. UDS AFTER DEATH. IF WITH FORM PM. 3. WITH FORM PM. 3. IT PAGES 1 ADD 28)	2 /	16a V	AS DECEASED EVER IN U.S. AR	MED FORCES	? 16b/SOC	IAL SECURITY	NO. 17	INFORMANT	01	ADD	RESS	0212	07
ALT ALT SIVE FIH F					219-	20-378	8	Guilas .	Del	on 350	13 a	ble O:	lacer
- 2 - 3 - 0	5		18 CAUSE OF DEATH (Enter an	ly one cause p	er line for (a), (b)	and (c).)			-/			APPROXIA BETWEEN O	MATE INTERVAL
TON ST., 24 HOUR ITEM 18. PERMIT.	AL.		PART I DEATH WAS CAUSED	E CAUSE (o).	Seizure	disor	der	1971	- 12			SCI MILEN O	SET AIR DEATH
STO N I P	200			DUE T	O, OR AS A CON	SEQUENCE O					1	W 155	
W. PRESI	REA		Conditions, if any, which gave rise to immediate	(b)								-4375	
W PEN W	28		cause (a) stating the under- lying cause last.	<	O, OR AS A CON	SEQUENCE OF					1		
S S S S S S S S S S S S S S S S S S S	S Z		lying cause last.	(c)								- 5	
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RING THE WORD "PENDING" IN PENCIL IN ITEM 18 ROED TO THE CHIEF MEDICAL EXAMINER ALONG W RES 3 HOULD BE USED AS A BURAL-TRANSIT PERMIT	AAI		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELAT	EO TO THE TERMIN	AL OISEASE OR	CONDITION GIVEN IN P	ART 1 (a).				
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AT SEEDING	58 /	TIFIC										YES &	K NO 🗆
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MEDICAL CCUTE THE SE 4 SHO FUNERAL	AFIEK DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		EXAMINER'S NAME Ma	rgarita	a A. Kor	ell,M.D	. ADI	DRESS_ 111	Penn	Street			
52 A 5 A	8	23a.Bl	RIAL, CREMATION, REMOVAL 2	36. DATE	23c N	AME OF CEMI			23d. LQ	CATION	1		
07/84 BP		15	or on aten	1-29-1	1985	Vertue	w h	ann. Ok	Pint	tresville	0/5	OUNTY LOO.	STATE .
25M DHMH - 1	7	24. F)	INERAL DIRECTOR		a Calli.	Jek. 9	1223	25a. DATE	REC'D. BY	REGISTRAR 256	REGISTRAR	CC	
(VR A15 ME		Y	the of towar	SM. O	re. 901	Holl	us I	JAN 2 9	9 1985	gulia Da	vidson	Mandalle	1



DEPARTMENT OF HEALTH AND MENTAL HYGIEN!

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2s DATE OF DEATH MONTH 75 HOUR CEPE CHERWAY WALLACE E. DIZE. JR. 85 3.5FX 4. RACE 3. DATE OF BIRTH & AGE (IN TERRS LAST BRITIDAY) # UNDER LITERS OCTOBER 24. 1924 MALE WHITE 60 E. BIRTHPLACE: (ELAS DE KOREON TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED BALTIMORE COUNTY, MARYLAND WIDOWED 18. CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION. 12k KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF MORKING LITTLE STELLA MARIS HOSPICE TOWSON UTILITY SUPERVISOR SUAL RESIDENCE OF NORTH HOME OF CITIES INSTITUTION, GAS RESIDENCE METOR ADMISSION 21234 He STATE 13h COUNTY I'M CITY OF TOWN 134. INSIDE CITY LIMITS? 134 STREET ADDRESS / ZIP CODE BALTIMORE 21234 8313 RIDGELY OAK ROAD A FATHER'S NAME 15 MOTHER'S MAIDEN NAME AVED LE LANCE MICHELE WALLACE CROW DULCIE 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT OF TEX COST WAS DEDATED. 219-18-3150HELEN M. DIZE8313 RIDGELY OAK RD.2123 YES RETWEEN ONSET AND DEATH 18. CAUSE OF DEATH Enter only one cours per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY GLIO BLASTOMA IMMEDIATE CAUSE IN L. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse ion stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CAT 78s. AUTOPSYT PAL DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? NO 21st ACCIDENT WAS UNDERLYING. JIB TIME OF INJURY THE HOW INJURY OCCURRED | LINES NATURE OF HAUSE IN FEW IS PART | DRIPART 2 HOUR A.M. MONTH DAY OR CONTRIBUTING [] CAUSE OF DEATH OF EITHER, HICKEY WEDICALERAMINERS P.M 21d. INJURY OCCURRED Ne PLACE OF INJURY 711 LOCATION CATHOME STREET FACTORS OFFICE FARM CHI DETOWN COUNTY BEATE AT NOTE 27s.1 certify that its reus housings oftended the deceased from sopinian death accurred on the date and hour and from the causes stated and that in Inv. above, (I) (a) (aid not view the body after death 776 SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 274 PHYSICIAN'S NAME SHE OF HIRIT 224 ADDRESS FDDIE 73a BURIAL CREMATION, REMOVAL THE NAME OF CEMETERY OR CREMATORY 75£ LOCATION CITY OF TOWN TRATE EMTOMBMENT BALTIMORE PARKWOOD CEMETERY

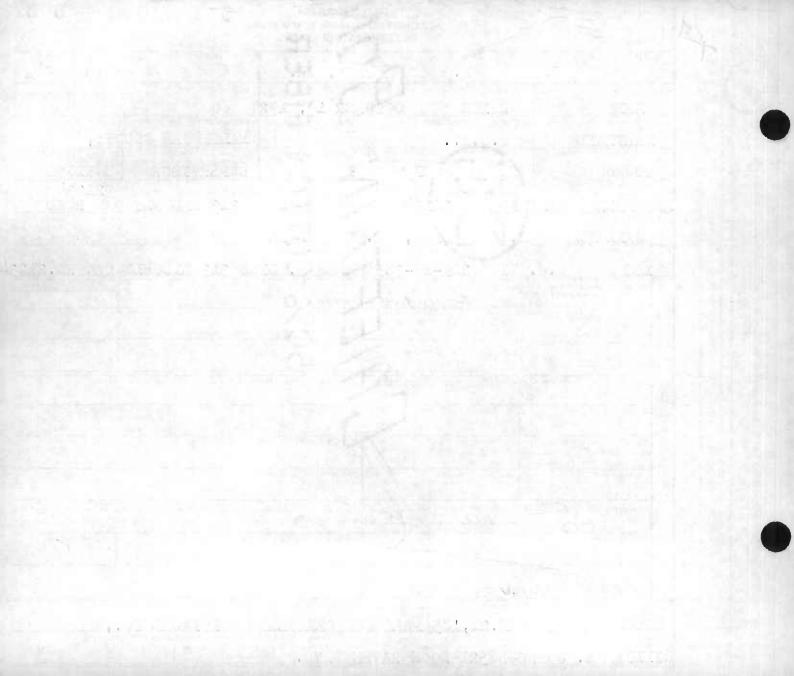
234 DATE REC D. BY REGISTRARIZSMEED TRAK'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

WILLIAM E. JOHNSON8521

LOCH



6	1.	FOR ,5, Per F.H. STATE REGISTRAR	2/4/85 kam	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	003	6 9
X		CEASED NAME FIRST GENE-VIE	-4-a Riith	Dor S DATE C	- J. C. C. 2	20 DATE OF DEATH		26 HOUR 0022 M IF UNDER 24 HRS
×	7- 01	Female RTHPLACE (STATE OR FOREIGN	White	MONTH 12	25 BL	100	YRS. MONTHS DAYS	HOURS MIN.
35		country)	U.S.A.	WIDOWE	- 100	Baltimore	County	MD.
70	1)	ity or town of death exton	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY Manor Care	, GIVE STREET ADDRESS)	Frome	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		OF BUSINESS OR
25	13a S	AL RESIDENCE (IF NURSING HOW OF STATE 135 COURT Anne	VIY _ 13c CIT	DENCE BEFORE ADMISSION) Y OR TOWN Sadena	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Unknown	ZIP CODE 2/6	222
2 Commission	4 0	THER'S NAME pheus	MIDDLE	en	15. MOTHER'S MAIDEN NA FIRST	ME	Seamor	e e
2 dedico	169 V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	IS WAR OR DATES!	CIAL SECURITY NO. 1-05-1796	Ann L. Wilk	inson 612 Fa		21204 owson, MD
other troumotic event		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (ol, stating the underlying couse lost	TE CAUSE (a)	CONSEQUENCE OF	FAILUR LeRotic C		cybr by	rears
injury, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	ITING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	0
ku 9	CERTIFICATI	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	
Hem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MO	ONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART ?}	
orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	? IE. PLACE OF INJU	ORY, OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
21 is mo		22a.1 certify that (I) (the hosp saw the deceased alive or above, (I) (we) (did) (did no	Lan 30.	19 85.0	nd that in (my) (Popinion	death occurred on the de		that (1) (
IT. If Hem		276. SIGNATURE Van	idin ;- /	000		MEDICAL STAI	FF CIAN .	SIGNED
MPORTAN		22d. PHYSICIAN'S NAME (TYPE OF	T. KEL	=-5	27e ADDRESS Mon	Khis N.	1d xills	

21222

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83

should be detached for use as the buriol-transit permit. Then p with the State Dept-of Health and Mental Hygiene prior to bur

24 FUNERAL DIRECTOR Walter Brooks Bradley, Inc. Balto., MD (VRA 15, 4)

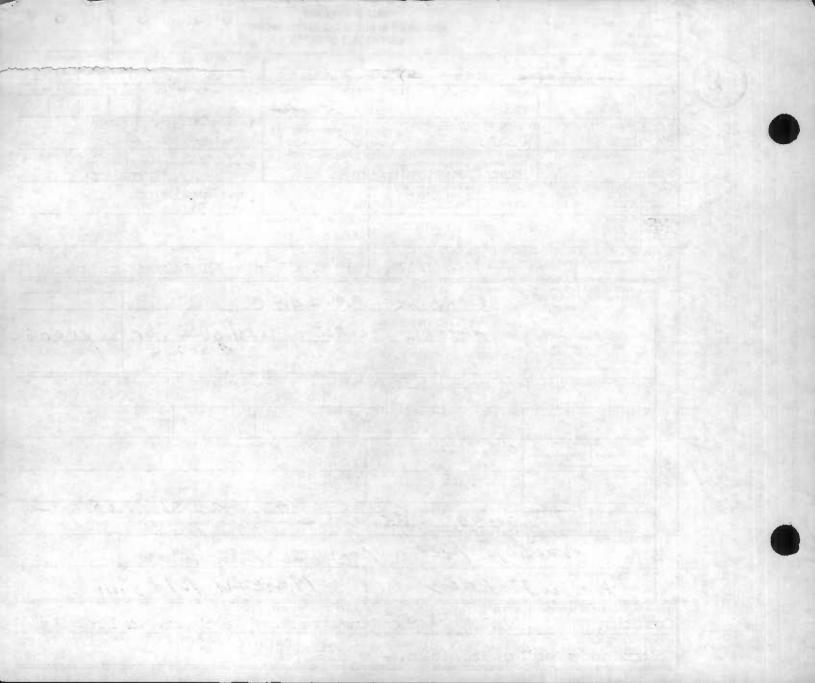
236. DATE

2/1/1985

23a BURIAL, CREMATION, REMOVAL Cremation

234 LOCATION
CITY OR LOWN
Baltimore Maryland Green Mount Crematory

250 DATE RECID. BY REGISTRAR'S SIGNATURE





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) FRANCIS DOUGHERTY Ja DEATH MALE ReV. 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) MALE WHITE 62 YRS BALTIMORE CITY OR COUNT BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Pennsylvania BALTIMORE COUNTY U.S.A WIDOWED [DIVORCED M CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY BALTO., MD. Clergyman Religous JOSEPH HOSPITAL STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS COUNTY YES 5704 ROLAND AVE., 21210 Baltimore MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Bernard F. Dougherty Bridget Campbell 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 181-42-6876 Rev. Hugh A. Kennedy S.J. Same 18. CAUSE OF DEATH (Enter only one couse per line top PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immedipte cause (a) stpting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Inspection and in my apinion TO FUNERAL DIRECTO AFTER DEATH, WITH THE BATTIMORE, MARYLAI death resulted fram Natural causes Accident L Suicide Homicide Undetermined manner EXAMINER'S NAME Charles F. O'Donnell, M.D. ADDRESS_ 7501 York Rd. Towson, Md. 21204 (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 73c NAME OF CEMETERY OR CREMATORY Feb. 2,1985 Woodstock College Burial Woodstock, Balto. Co. BP_ 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 6500 York Rd. **DHMH - 17** Mitchell-Wiedefeld Home, Inc. Balto., Md.21212 (VR A15 ME (5)) 20M 4/82

TOUGHT AND THE STREET PARTY., Mr. ST. MOSEPH MOSEPHAN TESTS TOWN CHALLOS 1975 TOWN AND ASSESS TO STORE OF THE STORE AND ASSESS TO STORE OF THE STORE O Ilean C Jamin Jamin Jamin Clark Canal it 11 = 1 mars, Ent. lt., 12.1

(F)	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REG. NO.	103/2
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ctor,	3. SE	m	W	MONTH 6/5/08 YEAR	76 YRS	MONTHS DAYS HOURS MIN.
nerol dire		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED		COUNTY MD
s ofter de by the fur ded within	1/m	SSVILLE	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST FRANKL)	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
filled in	130. 5	MA P 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BE	OWN 13d. INSIDE CITY LIMITS? YES \(\text{NO} \text{NO} \text{NO} \)	407 N. WO	SOWARD DR
and within		J. DANIEL	DOU 5 HE	RTY MART	HA BURKE	LAST
n and p. Page		VAS DECEASED EVER IN U.S. AI VES, NO OR UNKNOWN) (IF YES, GI			DOUGHERTY	ABOVE
physicia npapers maval.		PART I. DEATH WAS CAUS	nly one couse per line (10), (b) ED BY: TE CAUSE (o)	diac avest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death ce d by the attending lease remove carb ral, cremation, or r		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	,C, V, D,		
s been signerermit. Then pl	CERTIFICATION	PART 2 OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY? /20b. IF Y	VES, WERE FINDINGS USED THE
physicion. Tificate ho I-transit pe tol Hygiene	•	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216. HOW INJURY OCC	VES NO DE	YES NO SEPART (OR PART 2)
PHYSIC ending this cer the burio ad Meni	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE WHILE AT WORK AT WORK		19 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDING sported or other cardinates of the card for use os the for use for the card for use for the cardinates of the		220.1 certify that (1) (this hasp sow the deceased olive or above, (1) (we) (did) (did no	oitol) ottended the deceased from 23 of View the body ofter death.	9_85, and that in (my) (our) opinion	on death occurred on the date and hi	, 19 , that (i) (we) lost our and from the couses stated
At OR At DIRE detached of Dept.		224. PHYSICIAM'S NAME (TYPE	arting 100	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/25/85
TO HOSPITAL TO FUNERAL should be det with the State IMPORTANT:	22- [M. CAST	no, Tr., M	.D. 805 Fu	SELAGE AVE	BARTO, Led
BP		BURIAL CREMATION, REMOVAL	1/26/85	HOLLY HILL	BALTO.	COUNTY STATE
OHMH - 16 50M 4/B2 (VRA 15, 4)		INERAL DIRECTOR	ADDRE	ss ~	N 3 0 1985	avidson-fundabl

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James Adams - See	TYPE	Grand A c	J. Anna
BALT G. CERATE			
**************************************		Established .	Resserve
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W. Breken			- I Design
PEUBLETT ABELT	28 Austria E	171659	
100 St. 100 St	- 1818 Y	1/2 0/85 Her	

Mitchell-Wiedefeld Home 6500 York Road 21212

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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XC 279 09 0016

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE COUNTY 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 13e.STREET ADDRESS / ZIP CODE 309A HOLLY DRIVE/21220 CHAMPION ADDRESS CLINICAL RECORDS, VAMC, FORT HOWARD, MD MINUTES YEARS YEARS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2) 85 19 85, and that in XX (aur) apinian death occurred an the date and have and Iram the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN TO TANHARY 27 85 BALTO. MD 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

REG. NO

MONTH

2b. HOUR

HOURS

4:45 AM

IF UNDER 24 HRS

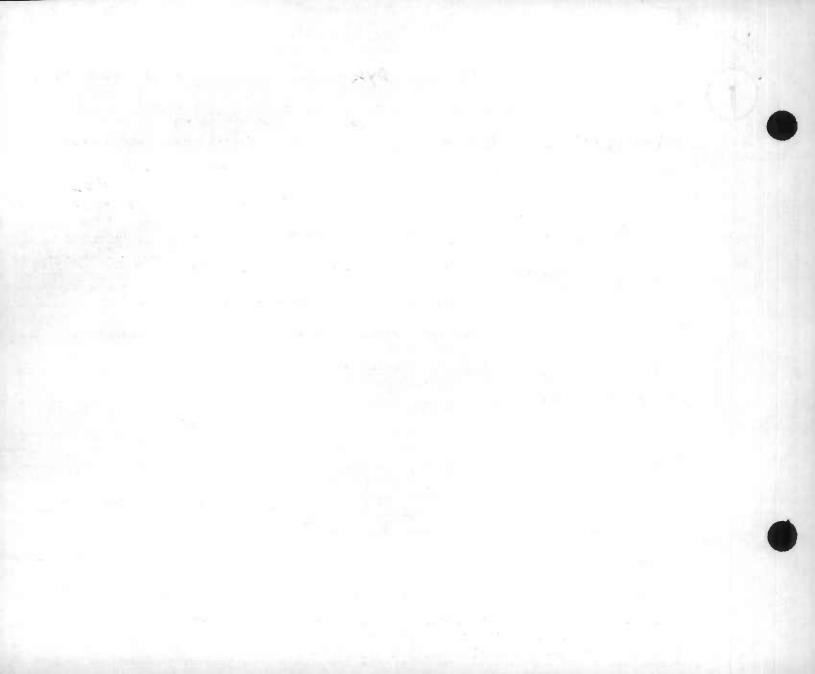
20 DATE OF DEATH

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

ONNELL





FOR

- STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

REGISTRAR

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MKSTIG 13e STREET ADDRESS / ZIP CODE ORSE APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN COUNTY 24. FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

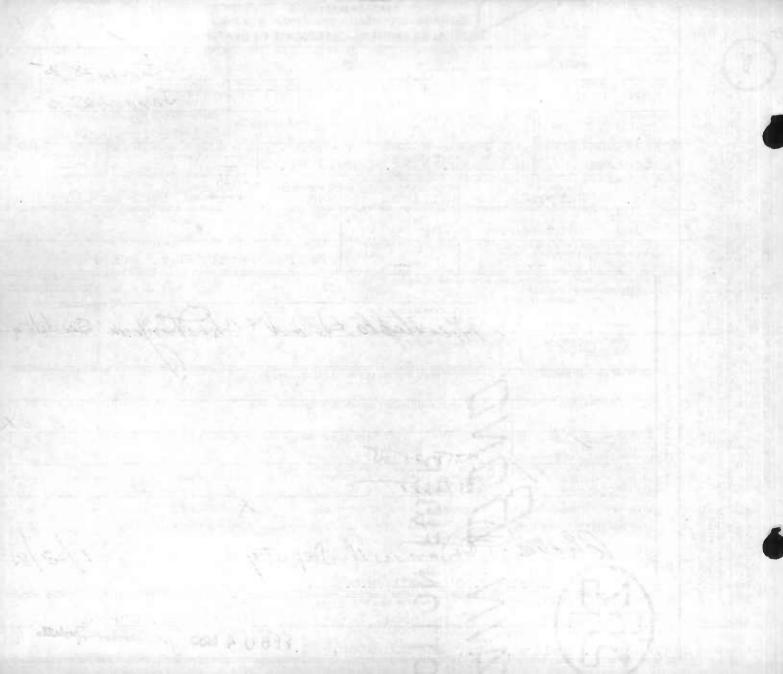
2125

IF UNDER 24 HRS

IF UNDER I YEAR



2		m G601 item 136 FOR3/13/85 rja				MARYLAND H AND MENTAL	HYGIENES 5	0037
(3)	1. DEG	REGISTRAR CEASED NAME E OR PRINT) COL'F		MIDDLE XAA		CERTIFICATE (LAST 13 Y	20 DATE KNOWN	MONTH DAY YEAR 26
RY, LAS DIRECTOR 72 HOURS ON STREET	3. SEX		5. DATE OF BIRTH MONTH DAY 8 30			NDER 1 YR. IF UNDE	DEATH MATER	MONTH DAY YEAR 2d NULY 2819 &
ECESSA INERAL FOR MIHIIN	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WI		8. MARE	RIED NEVER MAR	CED Baltimo	re County
ELAY IS TO THE PAGE ENGLE S. 220	'yr	TY OR TOWN OF DEATH LITE HOUSE LERESIDENCE (IF IN NURSING JOME	Falls I	CRITY, GIVE STREET ADD	t. Car	mel Rd.	FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b. KIND OF BUSINE OR INDUSTRY
AND AND	13a. S		NTY	13c CITY OR TOV	VN	13d. INSIDE CITY LIMITS? YES NO 1	1 4114 Mille	ers Station Rd
BALTIMORE, MD. S. AFTER DEATH. II GIVE PAGES 1. 2. ITH PAGES IVISION	160 V	John Ste	ewart RMED FORCES?	Eby LAST	URITY NO.	Chery 17. INFORMANT	MIDDLE	Fegely
	(Y)	ES, NO, OR UNKNOWN) (IF YES, GN 18 CAUSE OF DEATH (Enter o	e WAR OR DATES)	for (a), (b), and (c)	•	Cheryl	Fegely Eby	13 e APPROXIMATE INTE
RECORDS, 201 W. PRESTON ST., LD BE EXECUTED WITHIN 24 HOUS PENDING" IN PENCIL IN ITEM 18, MEDICAL EXAMINER ALONG AS A BURIAL - IRANSIT PERMIT, E-ALTH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL.	7	PART I DEATH WAS CAUS Conditions, iff ony, whice gove rise to immediate cause (a) stating the underlying cause last. PART 2 OTNER SIGNIFICANT CONDITION	ATE CAUSE (o) DUE TO, OR (b) DUE TO, OR	AS A CONSEQUE	Sle VCE OF	Hered SE OR CONDITION GIVEN IN	PARTI (a)	Yeson Seedd
ALR DOUL DOWN PIEF INF	CERTIFICATION	190. DATE OF OPERATION		TION FOR WHICH	OPERATION V	VAS PERFORMED?		20. AUTOPSY? YES \(\sigma \) N
S CERTIFICATE RITING THE WASED TO THE RESIDENCE TO THE RE	MEDICAL CER	210. EXTERNAL CAUS WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE AT WORK AT WORK	DEATH PLACE	OF INJURY (ATHO	YEAR 9 83 Me. 21f LC	OW INJURY OCCURI OCATION STREET	RED (ENTER NATURE OF MJURY IN ITEM	COUNTY
CAL EXAMINE THE CERTIFICA RAL DIRECTO ATH, WITH THE RE, MARKAN		ACTUAL SIGNATURE Cha	urol couses .	Accident A	Suicide C	Homicide A.D. Ho	Undetermined manner	Ond in my opinion DATE SIGNED
	(5	(TYPE OR PRINT) C (TYPE OR PRINT) C (TYPE OR PRINT)	Parles F.		F CEMETERY (ADDRESSOR CREMATORY	23d LOCATION CHYORTOWN Hampstead.	county state Carroll JD
DHMH - 17 (VR A15 ME (5))	24. FI	UNERAL DIRECTOR	412 Wa ADDRESS tts, Sr.	ishing to	n Roa	250. DAT	B O 4 1985	CISMAR D.SIGN MANAGARA



STATE OF MARYLAND

it to 15 and the same of th Cort. This year and the same of the same o Taroning Europe 2 . Its and the second of th 1 15/08 at 1 15/08 at 1 15 at Little D. Dayadi, I V W. Dayadi editor e certificate that been signed by the ottending physicion and completely filled in by the furnish direct and train it permit. Then please remove carbon papers. Pages 1 and 2 should be filed with m 22 bours.

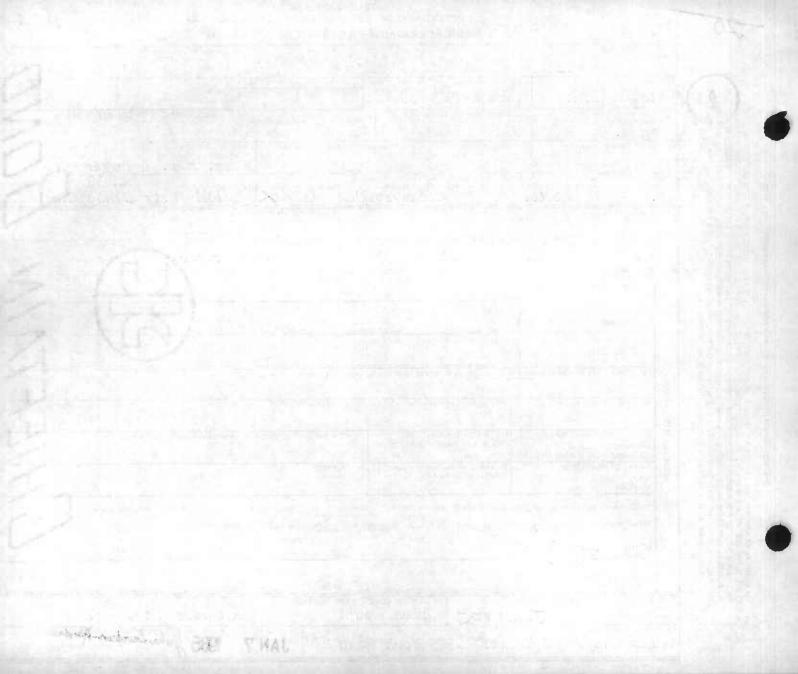
	FOR STATE REGISTRAR				MENT OF H	EALTH AND MENTA		REG. N		0 0 0	3 8 1
	ECEASED NAME PE OR PRINT)	FIRST		DDLE		AST	2a DAT	E OF DEATH	HINOM	DAY YEAR	2b. HOUR
_		OORA		RIETTE		WEILER		WARY		1985	8:00P
3. SI			4. RACE		5. DATE C	DAY YEA	AR .	(IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MINL
	FEMALE		WHI		FEB	. 9, 190			YRS.		
7a 8	BIRTHPLACE (STATE OR COUNTRY)	FOREIGN	76. CITIZEN OF W		MARRIE	NEVER MARRIE	D - BALII	MORE CITY O	R COUNT	IY OF DEATH	
10.6	GERMANY CITY OR TOWN OF DEA	Til	GERI	THE STATE OF	WIDOWE	DIVORCED		LTTMO			OF BUSINESS OR
	21204		1148	GYPSY	LANE	DR OTHER INSTITUTIO	(TYPE OF	WORK FOR MOST C	F WORKING	LIFE) INDUSTRY	
USU 13a.	JAL RESIDENCE (IF NURS	13b COU	OTHER INSTITUTION, G	INE RESIDENCE BEFORE	ADMISSION)	134 INSIDECITY LIM	ITS? 13e.STRE	ET ADDRESS	ZIP COL	DE	
M	ARYLAND	BAI	TIMORE	2120	4	YES NO		8 GYP	SY I	ANE	21204
14. F	FATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME	WIDDIE		LA	ST
1	GUSTA			ZERN			TILDA_		LAV	BE	CKER
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRE	ESS		
	NO					HERTA M.	. WEISS	31148	GYPS	Y LANE	
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter of	nly one couse per li	ine for (a), (b), one	dich	100	h			BETWILL	
	PARTI. DEATH W		TE CAUSE (o)	(9/2	bra	1/ /78	ruossi	a E		70	the
			DUE TO, OR	AS A CONSEQUE	ENCE OF	1101	. (.	11	<u> </u>	117	/n .
	Conditions, if ony		(b)	(2	166	rovas	ena	- 110	Clo	Cert 1	MAN
	gove rise to immodule couse (a), stating underlying couse	ig the	DUE TO, OR	AS A CONSEQUE	NOR	ch Bl.	Ass.	5.		50	741
NO	PART 2 OTHER SIGN	MEICANT	CONDITIONS OF	RIBUTING 101	DEATH BUT	PRELATED TO THE	E TERMINAL DIS	EASE OR CON	DITIONG	IVEN IN PART 1	
¥ ¥	19a DATH OF GPERA	IION/	196 CONDIT	1ÓN FOR WHICH	OPERATIO	WAS PERFORMED		UTOPSY?	20b. 1F Y	ES, WERE FINDI	INGS USED
F	1//10	761			V		VES I	T NOT		TIFY ING CAUSES	S OF DEATH?
CERTIFICATION	21a. Achine fit was son	A Proposition of the West	CO. The Street Contract of the		1 1	TIL HOW INJURY O	CCURRED (1947)		_		
100	OR CONTRIBUTING []			A MONTH P	16100	-	7				
WEDICAL	214. INJURY OCCUR		THE PLACE O	Chire H	2/42	TH LOCATION		-		COUNTY	
M	WHILE THOUSE		(AT HOME, STREET	Hom	LE CO	Diffe		CITY CH 10	1	Collect	STATE
	22s.1 certify that (i)	-	ital) attended/fhe		19	80 10	a	TEURA	1	19	though (we) for
	saw the decess			85 191	1	d that in (my) (our) or	pinion deaty occ	vrred on the d	wte and he	our and from the	courses stated
1	77h SICH ATURE	A A	N Doody o	The state of the s	1	DEGREE V		/		m ban	SIGNED
	melo	W	Am 1	Va 195	OK	MUD ATTEND	ING MANTE	AL STA		11/6	16,-
1	274 PHYSICIAN'S N	AME ITTE	The said of	100	7	27e ADDRESS	OHN ST DIST.	CONT. LANCON	- Dalla F	4/17	4.5_
	RONALI) T.	BROADWA	ATER, SR	M D	TO WARD	DEM DE	CO	CKEY	SVILLE	
230	BURIAL, CREMATION,			CONTRACTOR OF THE PARTY OF THE		EMETERY OR CREMA	IORY THE	OCATION		- TANAL	
	(SPECIFY)							City De 10 year	m T N/A	COUNTY	MARK AND
	CREMATION FUNERAL DIRECTOR	у	JAN.17	1.05 G	REEN		SO DATE REC'D.		TTMO 266_REGE	STRAR'S SIGNA	RYLAND
1	NAME	TOI	INTOONTOP	ADDRESS	DATE		JAN16		. rien	laurason-H	andell
VV	ILLIAM E.	100	INSUN05	CT_TOCH	KAV	EN BLVD		J			

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR.

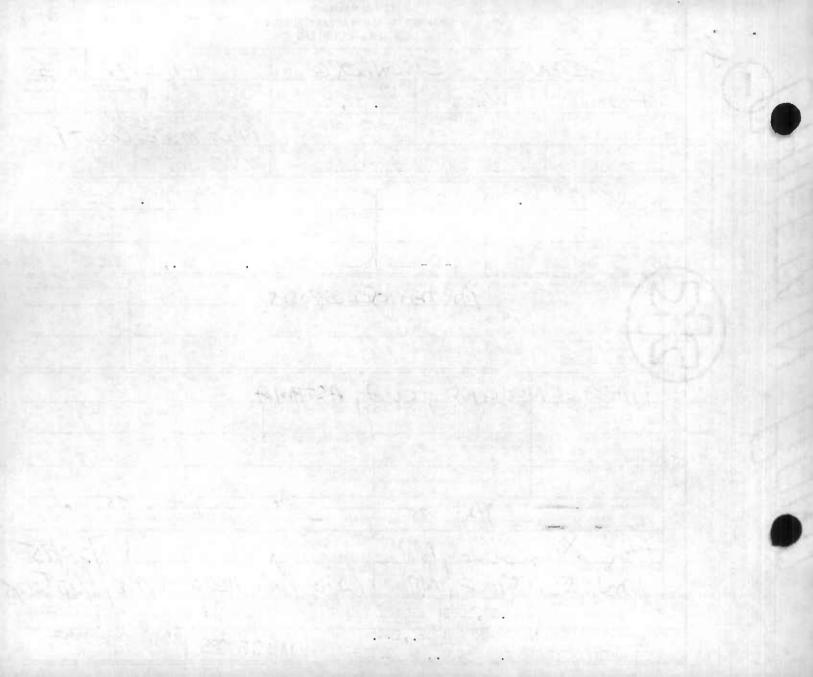
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STATE OF MARYLAND



"	FOR STATE REGISTRAR			NT OF H	OF MARYLAND EALTH AND MENTAL HYGI CATE OF DEATH	IENE	6 5 REG. NO.	0	03	8 3
9	1 DECEASED NAME ; FIRST (TYPE OR PRINT) ; EA	V	EI	S GN	BORG	20 DATE OF		1/24	85 6-	130 AM
	3 SEX EMALE	4 RACE WH	HITE S. DATE OF BIRTH MAR. 29, 1908				EARS LAST BIRTHI	YRS YRS	NUDER I YEAR IF UNDER	24 HR5 MIN.
36	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	USA	ZEN OF WHAT COUNTRY? 8 MARRIED		D DIVORCED	BALTIMO	RE CITY OR	COUNTYO	COUNTY ME	
30	BALTIMORE	JEWISH	ACILITY, GIVE STREET AD	ROTHER INSTITUTION CENTER	(TYPE OF WOR	OCCUPATION K FOR MOST OF V JSEWIF	VORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY AT HOME		
335	MARYLAND BA	LTO. BALTIMORE				ADDRESS / Z SMITH	AVE.	#21208		
Coming of the second	BENJAMIN	MIDDLE	MOSES		15 MOTHER'S MAIDEN NAM DORA		WIDDLE		GELTMAN	
e medico	160 WAS DECEASED EVER IN U.S. AR	S. ARMED FORCES? 16b SOCIAL SECURITY NO 217-48-9555			3207 SMITH AVE. BALT			ro., MD 21208		
ury, ar ather traumatic event,	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR A	AS A CONSEQUEN	CE OF	NOT RELATED TO THE TERMI		e or condi	TION GIVEN	APPROXIMATE INTE BETWEEN OWSET AND	DEAIN
lui kuo swoys	I 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			PERATION	T T ST MY IN	20a AUTO	NO []	IN CERTIFYIN YES [VERE FINDINGS USE NG CAUSES OF DEA NO [TH?
21 is marked ar Item 18	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (thus	HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET	MONTH DAY INJURY T FACTORY, OFFICE FAR	19 M ETC)	21f LOCATION STREET	, ta	CITY OR TOWN	D 19.	COUNTY	
IMPORTANT: If Item 2	PHYSICIANS WAME (1998 C	ATTENDING MEDICAL STAFF PHYSICIAN & DIRECTOR PHYSICIAN 200 PHYSICIAN S MAME (1440 OF MINIT) 120 ADDRESS 6210 PARK HELGHTS AVE 375								72/2/
N 7/84	(SPECIFY) BURIAL	JAN.23, LEVINSON	1985 HE	,INC	YOUNG MEN 250 DATE 1 JAN	REC'D. BY R	ALTIMO		MARYLA	

DHMH - 16 60M 7/84 (VRA 15, 4)



should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 71 has with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

must be fordied for

STATE OF MARYLAND

8728 Liberty Road Randallstown, Maryland 21133

FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR					REG. N	VO.		
1. DECEASED NAME FRS	ST	MIDDLE	LAS	ST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	
(TYPE OR PRINT) Gertr	ude Maria	a Engert			Januar	y 6 1985	2:24	
3. SEX	4. RACE		5. DATE OF		6. AGE (IN YEARS LAST B	IRTHDAY) IF UND	DER 1 YEAR IF UNDER 24	
Female	Caucasia	an	April	21 1901 YEAR	83	YRS	5 DAYS HOURS	
BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED X	9. BALTIMORE CITY			
Connecticut	U.S.A.		WIDOWED		Baltimore (County		
IL CITY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTITUTION	120. USUAL OCCUPA		L KIND OF BUSINES	
Randallstown		Baltimore County General		Hospital	Secretary			
	PME OR OTHER INSTITUTION COUNTY THE Arundel	13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS 8 Marbury I		21146	
14 FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME			
Henry Engert	WIDDLE	TAST		Emma Welker	MIDDLE		TRAST	
160 WAS DECEASED EVER IN U.		166 SOCIAL SECUR	RITY NO.	17 IMPRMFrank J.	Ludemann ADDI	RESS	21146	
NO (YES, NO OR UNKNOWN) (IF)	YES, GIVE WAR OR DATES)	067-03-39	243	8 Marbury Roa	ad S	Severna Parl	k Marylar	
18. CAUSE OF DEATH (En	ter only one couse ne	line for (a) the and	licis				APPROXIMATE INTERV	
Conditions, if any, whi gove rise to immedia couse (01, stating t underlying couse lo	tich (b)	ir as a consequei	NCE OF					
gove rise to immedia couse (a), stating t underlying couse lo PART 2 OTHER SIGNIFIC	tich (b)	r as a consequei	NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	NDITION GIVEN IN	N PART 1(o)	
gove rise to immedia couse (a), stating t underlying couse lo	tich (b) tote the DUE TO, O (c) ANT CONDITIONS C	r as a consequei	NCE OF		NINAL DISEASE OR CO	20b. IF YES, WEI	RE FINDINGS USED C CAUSES OF DEATH	
gove rise to immedia couse (o), stoting the underlying couse to part 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 190 DATE OPERATION 210. ACCIDENT WAS UNDERLYING 1	ANT CONDITIONS C. 196. COND 197. COND	ONTRIBUTING TO D	NCE OF		200 AUTOPSY? YES NO	206. IF YES, WEI IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH NO	
gove rise to immedia couse (o), stofing to underlying couse to PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYIN	ant CONDITIONS CONDEATH STATE OF DEATH	ONTRIBUTING TO D	NCE OF	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WEI IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH NO	
gove rise to immedia couse (o), stoling to underlying couse lo part 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER, NOTHY MEDICALEX 21d. INJURY OCCURRED) WHILE NOTWHILE	ANT CONDITIONS C. 19b. COND 19b. COND OF DEATH AMNER) 21b. TIME C. HOUR A. P. 21c. PLACE	ONTRIBUTING TO D ONTRIBUTING TO D OTHER WHICH OF THE STREET STR	DEATH BUT NO PERATION Y YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES UURY IN ITEM 18 PART 1 0	RE FINDINGS USED CAUSES OF DEATH NO	
gove rise to immedia couse (a), stolling to underlying couse lo part 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE (IN EITHER NOTHY MEDICAL EX AT WORK A	ANT CONDITIONS CONDITI	ONTRIBUTING TO D OTHER WHICH OF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM. ETC.)	21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN.	106. IF YES, WEI IN CERTIFYING YES IUNY IN ITEM 18 PART 1 O	RE FINDINGS USED CAUSES OF DEATH NO DR PART 2)	
gove rise to immedia couse (a), stolling to underlying couse lo part 2 OTHER SIGNIFIC PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTHY MEDICAL EX LIVE) WHILE NOTHY MEDICAL EX AT WORK AT WORK 220. I certify that (I) (this sow the deceaper to la	ANT CONDITIONS CONDITI	ONTRIBUTING TO D OTRIBUTING TO D	OPERATION Y YEAR 19 ARM, EIC)	21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN.	70b. IF YES, WEI IN CERTIFYING YES TURY IN TEM 18 PART 1 O	RE FINDINGS USED CAUSES OF DEATH NO DR PART 2)	
gove rise to immedia couse (o), stoting to underlying couse lo part 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING CAUSE (WEITHER NOTHY MEDICAL EX 21d. INJURY OCCURRED AT WORK 220. I certify that (1) (this sow the deceased of obove, (1) (we) did by ob	ANT CONDITIONS CONDITI	ONTRIBUTING TO D OF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, FA The decepted from	OPERATION Y YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCUR 21l. LOCATION STREET d that in (my) (our) opinion DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR I) death accurred on the	106. IF YES, WEI IN CERTIFYING YES IUNY IN ITEM 18 PART 1 O	RE FINDINGS USED CAUSES OF DEATH NO DR PART 2) OUNTY STA	
gove rise to immedia couse (o), stoting to underlying couse lo part 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING CAUSE (WEITHER NOTHY MEDICAL EX 21d. INJURY OCCURRED AT WORK 220. I certify that (1) (this sow the deceased of obove, (1) (we) did by ob	DUE TO, O sist. (c) ANT CONDITIONS C 19b. COND NG	ONTRIBUTING TO D OF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, FA The decepted from	OPERATION Y YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCUR 21l. LOCATION STREET d that in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR I) death accurred on the	106. IF YES, WEI IN CERTIFYING YES IUNY IN ITEM 18 PART 1 O	RE FINDINGS USED CAUSES OF DEATH NO DR PART 2) OUNTY STA	
GOVE rise to immedia covse (a), stoling to underlying covse (b). PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER, NOTHER MEDICALEX AL WORK AL WOR	DUE TO, O st. DUE TO, O st. (c) ANT CONDITIONS C 19b. COND NG	ONTRIBUTING TO D ONTRIBUTING TO D OF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, FA The deceased from 19	OPERATION Y YEAR 19 ARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR I) death accurred on the	20b. IF YES, WEI IN CERTIFYING YES OWN CO OWN CO AFF	RE FINDINGS USED CAUSES OF DEATH NO DR PART 2) OUNTY STA	
GOVE rise to immedia couse (a), stoling to underlying couse to immedia couse (b). PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (WEITHER NOTHY MEDICALEX 21d. INJURY OCCURRED AT WORK AT WORK 22d. I certify that (1) (this sow the deceased of above, (1) (we) (did)(1) (27b) SIGNIATURE 22d. PHYSICIAN'S NAME 22d. PHYSICIAN'S NAME 22d. PHYSICIAN'S NAME	ANT CONDITIONS CONDITI	ONTRIBUTING TO D OF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY, OFFICE, FA To decepted from Total Transport Total Transpor	OPERATION Y YEAR 19 ARM. EIC)	211. LOCATION STREET 211. LOCATION STREET d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	20a AUTOPSY? YES NO RED (ENTER NATURE OF IN. CITY OR 1 death accurred on the MEDICAL ST DIRECTOR PHYS	20b. IF YES, WEI IN CERTIFYING YES OWN CO OWN CO AFF	RE FINDINGS USED CAUSES OF DEATH NO DR PART 2) OUNTY STA	
gove rise to immedia couse (a), stoting to underlying couse to part 2 other SIGNIFIC 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (WETHER MOTHY MEDICALEX 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK NOT WHILE AT WORK AT WORK 22d. I certify that (I) (this saw the deceased of above, (I) (wey tidd) (1) 22b. SIGNATURE 22d. PHYSICIAN'S NAME 22d. PHYSICIAN'S NAME	ANT CONDITIONS CONDITI	ONTRIBUTING TO D ONTRIBUTING TO D OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA The decepted from	OPERATION Y YEAR 19 ARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR 1 A to deoth accurred on the DIRECTOR PHYS 23d LOCATION CITY OR TOWN	20b. IF YES, WEI IN CERTIFYING YES OWN CO	RE FINDINGS USED CAUSES OF DEATH NO DR PART 2) OUNTY STA	

1985

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

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STATE OF MARYLANI	
DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE OF DEA	ATH

FC ST RE		DEPAI	RTMENT OF HEALTH AND MEN CERTIFICATE OF DEA		10.	
	SED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR OA
(TYPE OR P	Lilli	an A.	Evans	January	2, 1985	12:40A.
3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST B		DER 1 YEAR IF UNDER 24 HRS
	Female	White	Sept. 13,16	89 89	YRS.	S DAYS HOURS MIN.
	PLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY		EATH
enn	Sylvania	U. S. A.	WIDOWED DIVOR	CED Baltimor	re Coun:	tu. MD.
	nsuille	THE NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTE TO THE STANDARD T	TYPE OF WORK FOR MOST	OF WORKING LIFE) IN	E. KIND OF BUSINESS OR DUSTRY
USUAL R 130. STAT	E 113b. COU		OWN 13d. INSIDE CITY L	IMITS? 136.STREET_ADDRESS	- r / L r	21228. Avenue
14 FATHE	Alfred	MIDDLE Orlidg	e Annie		j	Brown
	DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SE		Catonsvilte Lois E. Walte	n-1414	
18.	PART I. DEATH WAS CAUS		ond (ct.)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIA	ATE CAUSE (o)	- Gran			avecia
	onditions, if ony, which	DUE TO, OR AS A CONSEC	DUENCE OF			0
9	ave rise to immediate	(b)				
	ouse (0), stating the nderlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF			
	RT 2. OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CO	NDITION GIVEN IN	PART Ita
CERTIFICATION 130	DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORME	D 200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH? NO
	, ACCIDENT WAS UNDERLYING (DAY YEAR	Y OCCURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I O	PART 2)
~	IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	21f. LOCATION			
	HILE NOT WHILE WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM ETC) STREET	CITY OR I	OWN	OUNTY STATE
220	sow the deceased alive o	oitol) ottende (h. uarmsed fro n		9 6 , to	dote and hour and	from the couses stated
228	SIGNATURE 9	nola.	DEGREE ATTE	NDING MEDICAL STA	AFF	22c DATE SIGNED
220	I. PHYSICIAN'S NAME LIVE	VO LAN	22e. ADDRESS / Malle	w Hill Rel	3/22	29
23a. BURI (SPEC	AL, CREMATION, REMOVA		rest Lawn Gai	MATORY 23d LOCATION CHYOR TOWN	tsville	Howard, Md

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove corbon papers: with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

736 Edmondson Ave. Catonsville. M 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

	STATE	OF M	ARYL	AND	
DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGII
CF	DTIFL	CATE	OF	DEATH	

1	FOR STATE REGISTRAR		DEPARTMEN		ATE OF D		REG. N	10.	0	J	8 8
(TYPE		nes	EVERE'	TTE			26. DATE OF DEATH	1	12 8	SST	1.50 A M
3 SE.	Male	4. RACE	ack 5	DATE OF B	DAY O5	YEAR 1916	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS	UAYS	IF UNDER 24 HRS HOURS MIN.
vine 1	RTHPLACE (STATE ORFOREIGN COUNTRY) rginia		-	MARRIED [NEVER M		9. BALTIMORE CITY OF Baltimore	OR COUNT	ty		MD.
Ra	ndallstown	Baltim	HOSPITAL, NURSING H FACILITY, GIVE STREET ADD ORE COUNTY	Gener		TUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST (OF WORKING		Не	House of nley
13a. M	AL RESIDENCE (IF NURSING ME STATE IN CO CARYLAND		GIVE RESIDENCE BEFORE AD 134. CITY OR TOWN Baltimore	13d Y	9.60	NO 🗌	13e.STREET ADDRESS Ave. Balt	/ ZIP COL	, Mar		Regers nd 21207
)	Norfleet	MIDDLE	Everette		Isa	MAIDEN NA BELLE	MIDDLE			t te	r
	MAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	219-01-84		INFORMAN Unice	I. Tho	361401 omas Baltin		_		nue d 21207
NO	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(b)	R AS A CONSEQUENCE R AS A CONSEQUENCE DITRIBUTING TO DEA	CE OF	OT RELATED	TO THE TERM	LINAL DISEASE OR CON	UQ NDITION G	IVEN IN PA	ART Ito	
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OP	PERATION W	VAS PERFOR	RMED	20a AUTOPSY?	IN CERT	ES, WERE		IGS USED OF DEATH?
MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIT 21d. IN JURY OCCURRED AND CONTRIBUTION OF CONTRIBUTION	DEATH P. 21e. PLACE- (AT HOME. STE and view the bady	M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FARM e deceased from 19	YEAR 19 21etc) , and the	hat in (my) (n, 19_89 aur) apinian TENDING HYSICIAN	city OR TO to MEDICAL DIRECTOR PHYSIC	date and ha	coul	om the c	STATE Shot (I) (we) last causes stated SIGNED
73a 1	BURIAL CREMATION REMOV.	AL 123h DATE	1230 NAM	ME OF CEMP	ETERY OF C	REMATORY	123d LOCATION	- 0,			- (

DHMH - 16 50M 4/83 (VRA 15, 4)

(PECIFY) 1/19/1985 Burial Puneral Home Inc. Baltimore, Md. 21216

Mt. Gilead Ch. Cemetery Southampton Co., Vigginia

BY REGISTRAR 251, REGISTRAR'S SIGNATURE

House of Holleton Paltimore County General Court Henley 301 N. Kegers 101timore N. Megers 1020 Northeeld System Carter 3017 N. Morens Avenue No. 219-01-8-10 Entire Lances Feltimore, Maryland 21207							
House of No. (Aprel House of H		85	sier	80		Black	plan
ndellatorn Baltimore County General Quef Seli N. Aegers Daltimore N. Ave. Baltimore, Maryland 2120 Norwest Synthe Sandle Capter 3517 N. Rogers Avenue No. 219-01-8-10 Eunice 1. Thomas Haltimore, Maryland 21207	/3/	editimate coun	N.				Vircinie
Nortlect Everette Isabelle Carter Nortlect Sylvand 2120 3517 N. Rorers Avenue 219-01-8-10 Eunice 1. Thomas Haltisorg, Muryland 21207		Chef		Ingo	ty Gen	Paltione Con	pdletcom
3537 N. Rorers Avenue No. 219-01-8-10 Eunice 1. Thomas Haitigorg, Muryland 21207		Ave. Saltimore		x	97.	Dalting	Morvlone
		or •M fict	el. Ro	Lsa	02:	avec	ปีกล ก็สกัน
	Maryland 21207	es ellinors,	L. LOS	solauz	U8-	-10-613	• * *

Burial 1/19/1985 Mt. Gilese Ch. Cemesary Southammton Co., Virelnia Nutter & Bons (250) Guynns II Falls Flay. Funeral Fore Inc. 3 Livorn, Mc. 21216

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Item 18

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MRORTANT

FOR STATE REGISTRAR					MENTAL HYG		G, NO.	00	A 0
1. DECEASED NAME	FIRST	WIDDIE	LAST		0.0	20 DATE OF DEAT	H MONTH	DAY YEAR	2b HOUR
SISTER	MARV	ALPHONSUS	5	FAY		4 300	11	18/1985	5:45 an
J. SEX	4 RACE		S. DATE OF B			6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
FEMALE	WH	ITE	MONTH 3	17	1893		91 YRS	MONTHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE OF CA)	OREIGN TO CITIZEN C	F WHAT COUNTRY?	MARRIED [NEVED	AARRIED X	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	1772 2
IRELANL	UNITE	D STATES	WIDOWED [ORCED	BALTO,	COUN	TV	M
10 CITY OR TOWN OF DEA		F HOSPITAL, NURSING		THER INST	ITUTION	12a USUAL OCCU	PATION	126 KIND C	OF BUSINESS OR
STEVENSON	VILLE	JULIE I		MARY	/	COOK	OST OF WORKING I		VENT
USUAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTE			-				2)	162
mn.	STEVENSON	13c. CITY OR TOWN		ES T	NO M	1531 GVE	enspy	el Mar Val	II DI
14 FATHER'S NAME		1040/01	~ V. /		MAIDEN NA		enspr	ING VA	ileh Va
PATELOLA	MIDDLE	EAST			FIRST	MIDD	LE	LAS	51
16a WAS DECEASED EVER	IN U.S. ARMED FORCES	? 166 SOCIAL SECURI	TV NO. 17	INFORMA	DEET	14	DDRESS ,		ARKE.
(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)					ine D.C.	15	131 Gre	RA
18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one cause p 'AS CAUSED BY IMMEDIATE CAUSE (o)	er line to (a), (b), and (11/1/0	+	NEW.			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		OR AS A CONSEQUEN	CE OF						WEEK
Conditions, if any,		CEREY	BRAL	AR	TERIO	SCLERO	SIS		
gave rise to imm couse (a), statin underlying couse	g the DUFTO	or as a consequen	CE OF						
PART 2 OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NO	T RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION GI	VEN IN PART 1	0.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A,M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

20a AUTOPSY?

NO

CITY OR TOWN

AT HOME STREET FACTORY, OFFICE, FARM ETC) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from

STREET

(au) apinian death accurred an the date and have and from the causes stated

sow the deceased all abave ((1) we) (did) (

ATTENDING PHYSICIAN-22e ADDRESS

22c. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

22b. SIGNATURE

231 NAME OF CEMETERY OR CREMATORY SISTERS OF WOTKE DAME SE NAMUR 21204 1250 DA

DEGREE

23d. LOCATION CITY OR TOWN

COUNTY STATE HOWARD

NO [

STATE

BURIAL 24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

19a DATE OF OPERATION

Funeral Home Thc. 1050 York Rd. Rück Towson

ew the body ofter death

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE une haveson-parties

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

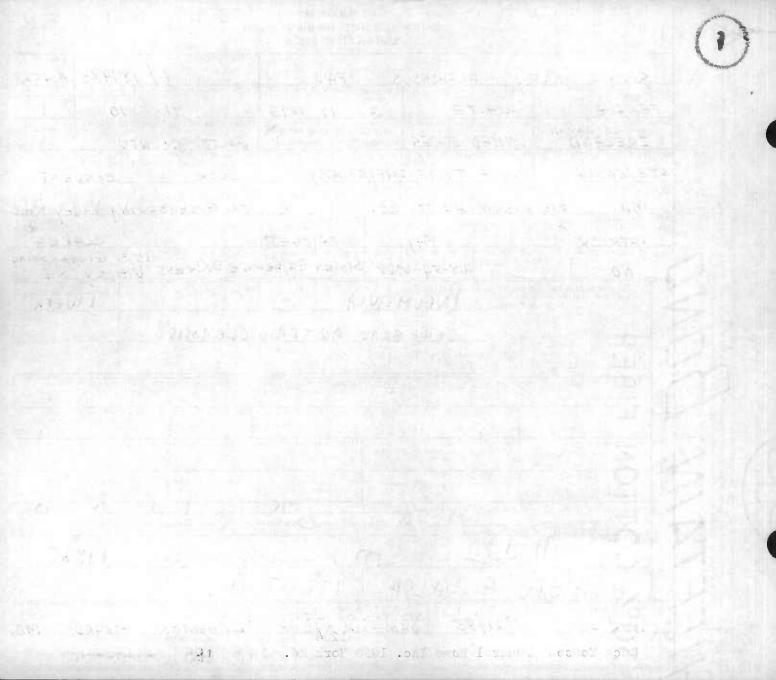
COUNTY

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BP

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HOSPITAL



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	101	707	LONGLA (LA

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

1050 York Rd.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20. DATE OF DEATH MONTH 7h HOUR January 29, 1985 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Secretary 1012 Cold Bottom Road, 21152 unknown 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [CITY OR TOWN COUNTY STATE (our) opinion death accurred on the date and hour and from the cause stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Ballard, West Virginia 25a. DATE REC'D. BY REGISTRAR SSB, REGISTRAR'S SIGNATURE his Davidson-Randall

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	SCHOOL BEING	CLOCK DOLL	BETTE LET WA	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH 1. DECEASED NAME MONTH YEAR 2b. HOUR LIVER OF PRINT 00 20 MARTE AGNES FLETCHER4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MESTIRS Female White 1898 26 O BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A WIDOWED CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker USUAL RESIDENCE (IF 13H COBNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland 4301 Alan Drive Baltimore 21229 YES K NO T FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Anthony Nellie Griffin Jerdon ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST NO 213-48-2281 George E. Laupp 415 Baylor Road 21061 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110" CERTIFICATION 196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO M 210 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION

FUNERAL I

MPORTANT BP

DHMH - 16 50M 4/B3 (VRA 15, 4)

23g BURIAL CREMATION, REMOVAL

226.1 certify that (1) (this haspital) attended the deceased from

obove, (1) (we) (did) (did not) view the body ofter death

NOT WHILE

sow the deceosed olive on

Burial

23b. DATE 1/23/85

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

23c NAME OF CEMETERY OR CREMATOR New Cathedral Cem.

22e. ADDRESS

ATTENDING

PHYSICIAN

CITY OR TOWN Baltimore

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and have and from the causes stated

DIRECTOR PHYSICIAN T

COUNTY

Maryland

24 FUNERAL DIRECTOR

(SPECIFY)

21229 ADDRESS. Hubbard Funeral Home. Inc. 4107 Wilkens Ave

MEDICAL

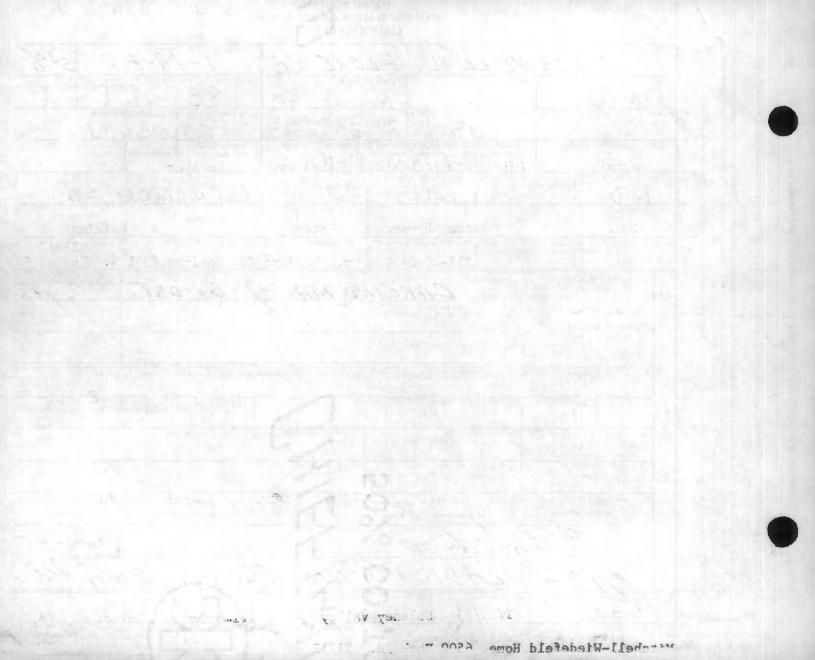
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

27c. DATE SIGNED

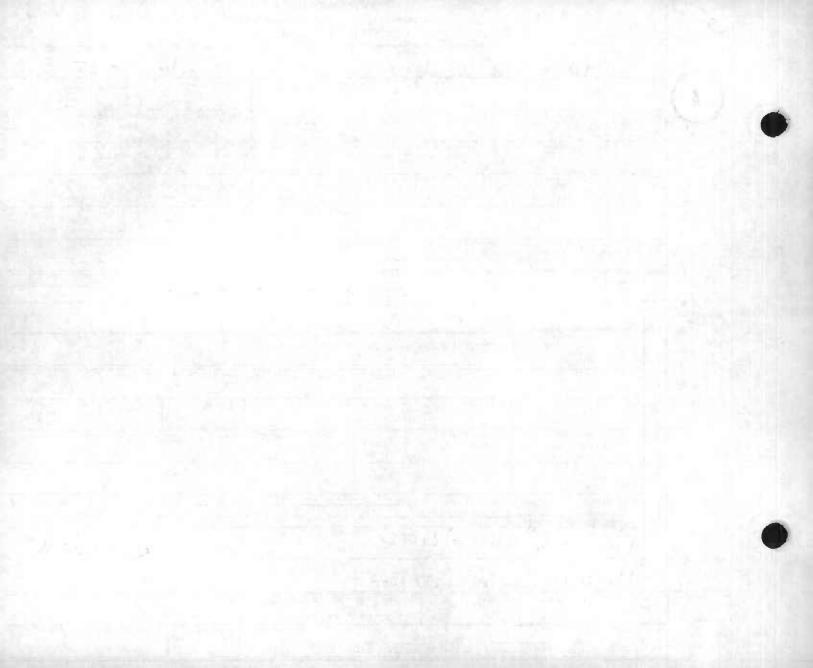
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1	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEA	F MARYLAND LTH AND MENTAL HYC ATE OF DEATH	GIENE BEG. NO	00	3 9 4
moy be	(TYPE	CEASED NAME FIRST OR PRINT! O DON	WELL L,	FLO	ORENCE		9-85	53% M
ge 4 m	3. SE	emale	4. RACE White	5. DATE OF E	DAY YEAR 99	85		AYS HOURS MIN.
5 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	/
offer deo	10. CI		11. NAME OF HOSPITAL, NURS		OTHER INSTITUTION	120 USUAL OCCUPATIO	WORKING LIFE) INDUST	MD. D OF BUSINESS OR TRY
24 hours of the ho	USU/ 130. S	TOWSON LE RESIDENCE (IF NURSING HOME OR TATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	WN 113	d. INSIDE CITY LIMITS?	Homemake:	ADPLES	12/2
MARYLAI ed within mpletely f	14 FA	THER'S NAME FIRST John	Ammenha	15	MOTHER'S MAIDEN NA	ME MIDDLE	Reib	ine
MORE, I and con and con Pages		AS DECEASED EVER IN U.S. ARIES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 212-07-		INFORMANT	ADDRES		21212 Charles St
ST., BALTI		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSED	ly one couse per line for (0), (b), (RCIN	OMA C	0 ~	2 SF, BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
JS, 201 W. PRESTON in the death ce signed by the attending hen please remave carb aburial, cremation, or relative, or ather traumatic		Conditions, if ony, which gove rise to immediate couse (ol), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	(b)		DT RELATED TO THE TERM	ninal disease or cond	ITION GIVEN IN PAR	Tito
TAL RECORD: The law required. The law required. It has been si permit. The green prior to green prior to shows any injective.	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION \	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
SICIAN: T ng physici certificate ental Hygi		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	TO HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)
IVISION OF VI	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	2	II LOCATION STREET	CITY OR TOW	vn COUNTY	STATE
pirol opriol of for use of Heal		22a. certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did no	tol) ottended the deceased from	0-16-	that in (my) (our) opinion	death occurred on the do	te and hour and from	, that (I) (we) lost the causes stated
TAI OR A y the hos RAI DIREC detoched detoched TI: If them		226. SIGNATURE	willed n	0		DIRECTOR PHYSIC	F _ /-	ate signed
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the Store E IMPORTANT: #		THE PHYSICIAN'S HAME THE	ALLADI.	MO.	7600 C	BLER Dr	. To uso.	n Md.
BP		URIAL, EREMATION, REMOVAL SPECIFY) Burial		laney V		23d LOCATION CITY OF TOWN A LITTIMO DET TOWN	Balto.	STATE Md.
DHMH - 16 50M 4/82 (VRA 15, 4)	2.7	INERAL DIRECTOR Chell-Wiedefel	d Home, 6500 Yo	rk Rd.	21212	ANZ 4 1985	Sp. REGISTRAR'S SIGN	TA MARIE



5	1-	STATE REGISTRAR MARTE M.	FIOVD	DE		ICATE OF DEATI		REG. NO	D.		
e m f		CEASED NAME FIRST OR PRINT) HATE	M. C	MIDDLE	į	AST				DAY YEAR	26 HOUR
4 (A)	3. SE	emale	4 RACE Whi	te	5 DATE C	5-89 PAY		AGE (IN YEARS LAST BIRT	HDAY] YRS	MONTHS DAYS	HOURS MIN
er deoth. Pog	Ma	RTHPLACE (STATE OR FOREIGN		S.A.	MARRIE WIDOWE	D NEVER MARRIE DIST DIVORCE OR OTHER INSTITUTION	ED D	BALTIMORE CITY O	COUNTY	ty KIND O	MI DF BUSINESS OR
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omplete ond 2	UI	JKNOWN	WIDDLE	LA		FIRST ELIZABETH		MIDDLE		VOLIME	
in and co pages 1			RMED FORCES?		6.2326	ROBERT J.	DOU	ADDRE			ENY AVE
physician physician mpopers. emovol.		18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS	only one couse pe ED BY: ATE CAUSE (0)	er line for (0),	ib , ond ic	A RIS	, wt	Broast		BETWEEN	IMATE INTERVAL ONSET AND DEATH
that the death ce d by the ottendin lease remove corb ial, crematian, or i		Conditions, if any, which gove rise to immediate couse to stating the underlying couse lost.	(b)_ DUE TO, (c)_	OR AS A CON	SEQUENCE OF						
been signe mit. Then p prior to bur	ATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO TH		200. AUTOPSY?	20b. IF YE	S, WERE FIND!	NGS USED
has has	CERTIFICATION	210 ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW INJURY (OCCURRE	YES NO	YE	FYING CAUSES S OF PART 1 OR PART 2)	NO [
PHYSICIAN: T trending physici r this certificate the burial-transi and Mental Hygi ed ar tem 18 sh	MEDICAL (OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE	R) 21e PLACI	P.M. E OF INJURY	H DAY YEAR 19 OFFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
TTENDING pital ar att TOR: After for use as it of Health ar	-	220-1 certify that (1) (this has				. 19		_, to			that (!) (we) los
DR A Plass Ched Dept Item		sow the deceased alive to obove, (1) (we) (did) (did r 22b. SGNATURE	Khe	vatter death.		DEGREE ATTENE PHYSIC	DING _	MEDICAL STAP	F/		SIGNED &
TO HOSPITAL (retained by the TO FUNERAL I should be detail with the State E IMPORTANT: If		PHYSICIAN'S NAME (TYPE	Sch	NATION		22e ADDRESS					
BP	BU	Burial, Cremation, remova Specify) JRIAL,	1/29/	1985		EMETERY OR CREMA	RY	23d. LOCATION CITY OR TOWN BALTTMORI		COUNTY	STATE
DHMH - 16 60M 1/75 (VR A 15 (4))		INERAL DIRECTOR ALTER BROOKS BE	RADLEY,	INC. B	ALTO. MD	1	250. DATA	NES BAE (1982)	256 BEGIST	(Bar'şı sıg m a	Milan

STATE OF MARYLAND



	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		003	9	
٥		CEASED NAME FIRST OR PRINT)	LIAM H.		ST	REG. NO 20 DATE OF DEATH	MONTH DAY YEAR	2b. нос 9:4	
)	3. SE		4. RACE White	5. DATE O	F BIRTH DAY YEAR	6 AGE JIN YEARS LAST BIR		R IF UNDER	
35	(RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	WIDOWE		Baltimor	e County		
Olombed		ty or town of death Towson	(IF NOT IN SUCH FACILITY, GIVE STRE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Dulaney—Towson Nursing Home			120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) Investor 12b. KIND OF BUSINE INDUSTRY Real Esta		
136	13a S	MD Ba	or other institution give residence before the county 13c. CITY OR TO lto, Catpnsville	WN I	13d. INSIDE CITY LIMITS? YES NO 🔀		ZIP CODE nondson Av	e. 21	
30		THER'S NAME FIRST	F. Foell		15. MOTHER'S MAIDEN NAME FIRST	MIDDLE	Bart	h h	
e medica		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN)	ARMED FORCES? 166. SOCIAL SEC GIVE WAR OR DATES) 218 18		Thomas F	. Foell,	Balto. Cou	inty,	
, or other tr	,	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS DOSO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CON-	DITION GIVEN IN PART	ze	
Andini kua sm	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC			20a AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUSE	S OF DEAT	
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IMPORTANT: I		Dr. # Charle			27e ADDRESS 7501 York	Road, Bal		11/8	
₹	23a E	BURIAL, CREMATION, REMOV SPECIFY) Burial		NAME OF CE	emetery or crematory on Park	23d LOCATION CITY OF TOWN Balto.,		MD 51	

DHMH - 16 50M 4/83 (VRA 15, 4)

Henry W. Jenkins & Sons Co. 24 FUNERAL DIRECTOR 21212 4905 York Road Balto., MD

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FEB

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2n DATE OF DEATH DECEASED NAME FIRST YEAR 2h HOUR LITTE OF PRINTS 185 MICHAEL. G. FOERTSCH AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 4 RACE 5 DATE OF BIRTH MONTH YEAR White Male Sept. 4, 1907 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED BALTIMORE COUNTY IJ.S.A. WIDOWED Maryland 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON GREATER BALTIMORE MEDICAL CENTER Service Station USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136 COUNTY 136, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE YES T NO X 1642 Hardwick Rd. Baltimore Towson 21204 Maryland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE LAST FIRST Ebert Michael Foertsch Theresa ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-01-9236 A Mary C. Foertsch - Same as #13e NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY PNEUMONIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 CERTIFICATION ALZHEIMER's 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOF YES [216. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED II LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 85 85_ that (1) (we) fast saw the deceased glive an above (1) we) did it did not view the bady after death. and that in imy aur) apinian death accurred on the date and have and from the causes stated 22h SIGNATURE DEGREE STAFF ATTENDING MEDICAL DIRECTOR PHYSICIAN X PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE COMMINI) RALPH FAWCETT, M.D. 6701 N. CHARLES ST 21204 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY

Dulaney Valley

ADDRESS 1050 York Rd.

-12 - 85

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

CITY OR TOWN

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

Timonium, Baltimore, Maryland

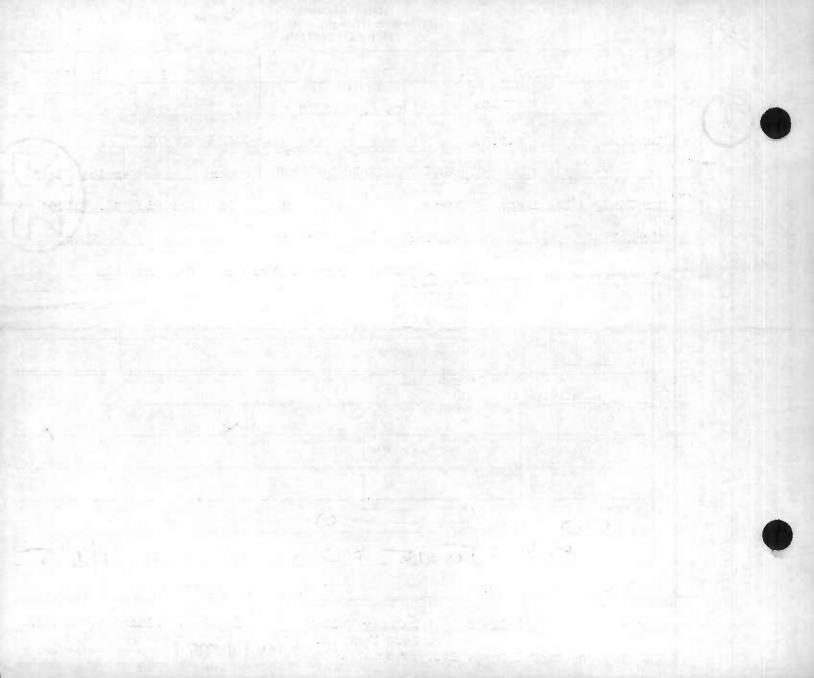
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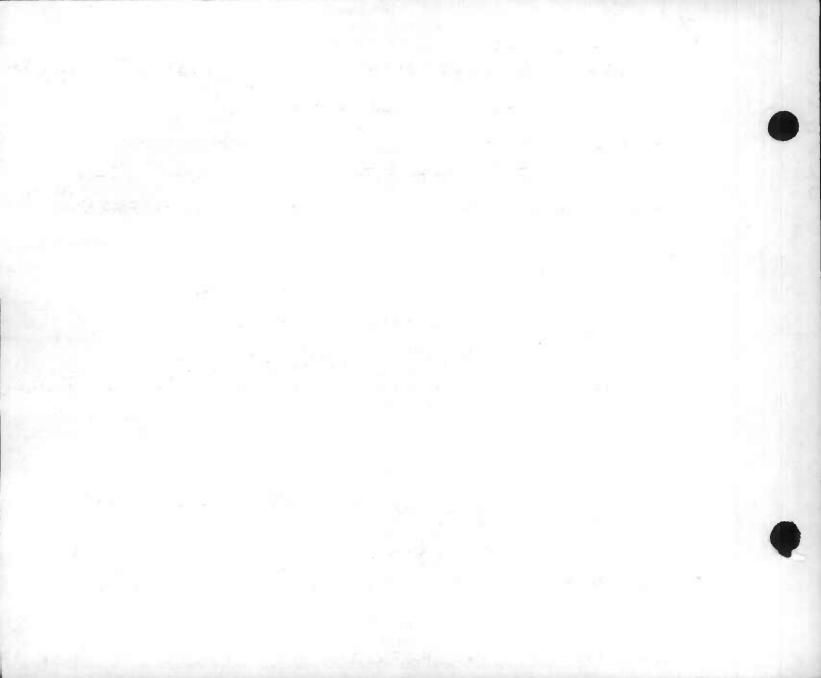
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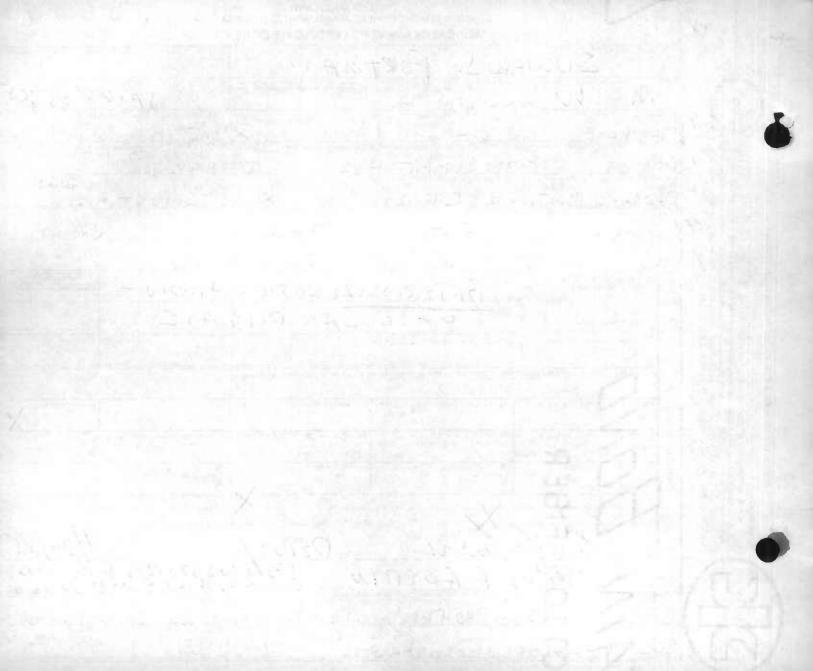
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ath a		CEASED NAME FIRST	L. FORTH	MAN	20. DATE OF DEATH MONTH	PAS YEAR 26. HOUR RN
no)	3. SE	(4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
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requires that the death certification signed by the attending physic. Then please remove corbon poporto by robburiol, cremotion, or removal injury, or ather traumatic event, the corpus of the corpus	NOI	Canditions, if any, which gove rise to immediate coluse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTURBITING TO	terolic to do	Sprange Ow	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH GIVEN IN PART 110
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0 # 5 # ¥ ₹		BURIAL, CREMATION, REMOVAL	236. DATE 23c. h	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
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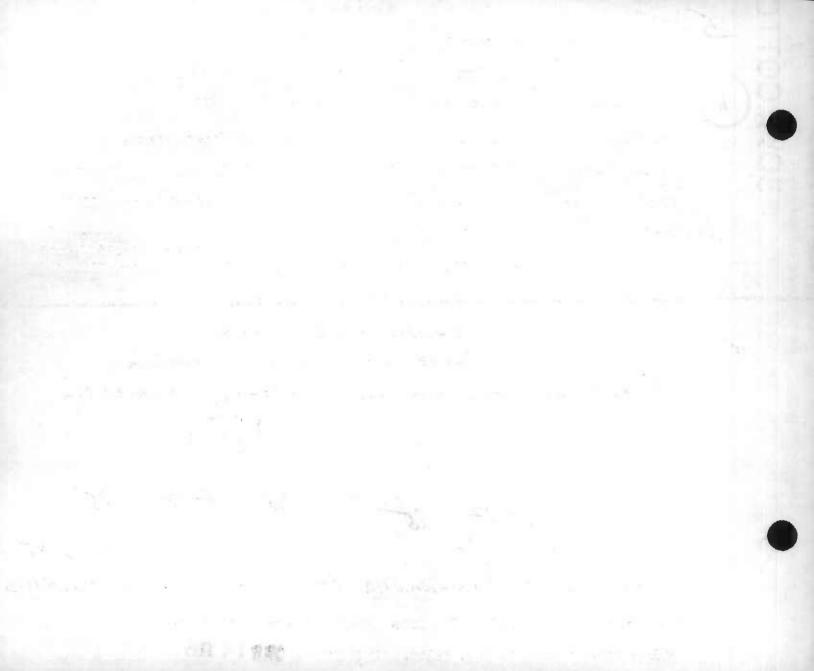
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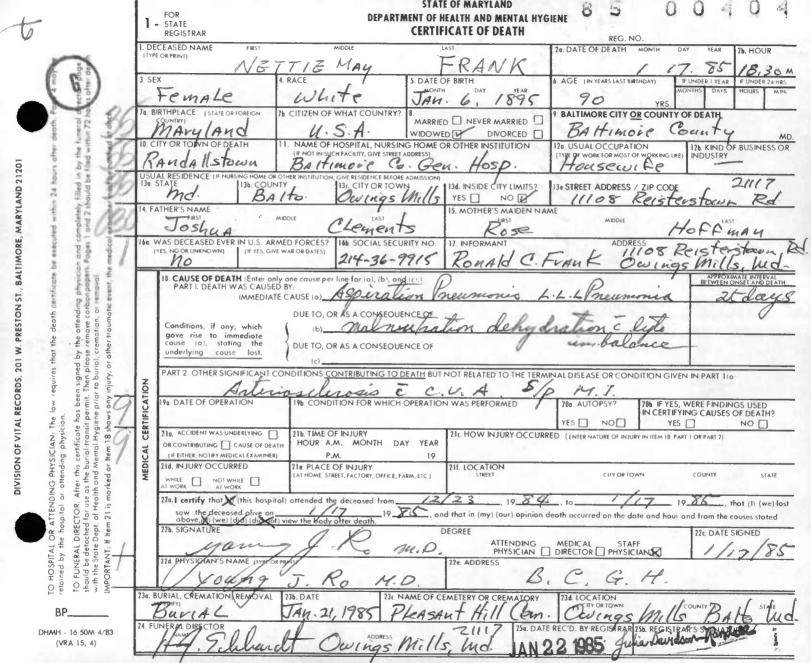
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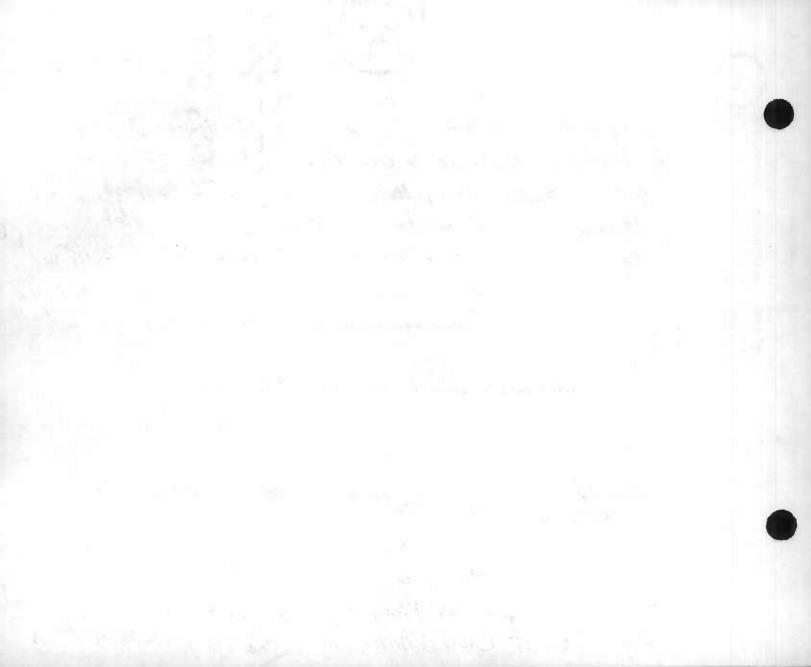
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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	1		STATE REGISTRAR			ICAL EXAMINI			SEATH	REG. NO.		
	(0)		CEASED NAME	FIRST		WIODLE	LAST		20 DATE KNO	WNY MONTH	DAY YEAR	2b HOUR
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	PLEA R FLEE HOUR STR	3 SEX	1	RACE	S. DATE OF BIRTH	6. AGE (IN YEA	S IF UNDER 1 YR	IF UNDER 24 H		MONTH	DAY YEAR	
	IF ANY DELAY IS NECESSARY, F 2, AND 3 TO THE FUNERAL DIRE 3. RETAIN PAGE 5 FOR YOUR SHOULD BE FILED, WITHIN 72 H AL RECORDS, 201 W. PRESTON S'	M	ale	White	12 16	1902 82 YR	MONTHS DATE	HOURS MIN	PRONOUNCED DEAD	1/	22/ 19 8	
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	HE FI	10 CI	TY OR TOWN C	OF DEATH		ITAL, NURSING HOME,	OR OTHER INSTITU	TION 12a	USUAL OCCUPATION	ON (TYPE OF WORK	126 KIND OF E	BUSINESS
	PA FINAL PA		Baltin		4510 Dun	land Ave.		G	rocery-Ret		Warehor	
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2120	AND AND HOULE		Md.	13	Alto	Baltimore	YES X	NO 0 4	510 Dunlar	nd Ave.	Balto.	Md.
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5	NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. FORWARDED TO THE CHIEF MEDICAL EXAMINER ALIONG WE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DAND, 21201 PRIOR TO BURNAL, CREMATION, OR REMOVAL.	2	WHILE AT WORK	AT WORK					CHI ON IOWH		OUNT	STATE
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LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH

2b. HOUR 8:45 Am

IF UNDER 24 HPS

IF UNDER I YEAR

Margaret Franke Christina 4 RACE

Th. CITIZEN OF WHAT COUNTRY?

5. DATE OF BIRTH MONTH YEAR 10-9-1893

MARRIED NEVER MARRIED

AGE (IN YEARS LAST BIRTHDAY)

9. BALTIMORE CITY OR COUNTY OF DEATH

To. BIRTHPLACE (STATE OR FOREIGN Maryland 10. CITY OR TOWN OF DEATH

female

U.S.A. WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Baltimore County (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife

126. KIND OF BUSINESS OR N/A

13e STATE Maryland 14 FATHER'S NAME

No

Baltimore

FOR

REGISTRAR

I. DECEASED NAME

- STATE

(TYPE OR PRINT)

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore Baltimore

Augsburg Lutheran Home

Schneider

15. MOTHER'S MAIDEN NAME

6811 Campfield Rd. MIDDLE

IInknown

21207

Robert An WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)

MIDDLE

578-42-4611

17 INFORMANT

Katherine

AZ. Walter C. Franke 501 E. Calavar Rd. Phoenix

18. CAUSE OF DEATH (Enter only one couse per line to) (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF

white

underlying couse last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION

CERTIFICATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED 20c AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES [NO [

COUNTY

21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOT IFY MEDIC AL EXAMINERS 21d INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR P.M

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21f. LOCATION

NOT WHILE

23b. DATE

1/30/85

22a.1 certify that (1) (this hospital) aftended the deceased from

21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

saw the deceased alive on above 1) we) (did) (did no)

27n ADDRESS

7220

DEGREE

MEDICAL ATTENDING PHYSICIAN DIRECTOR ATPHYSICIAN 22¢ DATE SIGNED

STATE

Dr. Harold Bob 23a. BURIAL CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

CITY OR TOWN

COUNTY Md.

DHMH - 16 50M 4/83

p

Hygie

(VRA 15, 4)

24 FUNERAL DIRECTOR

Burial

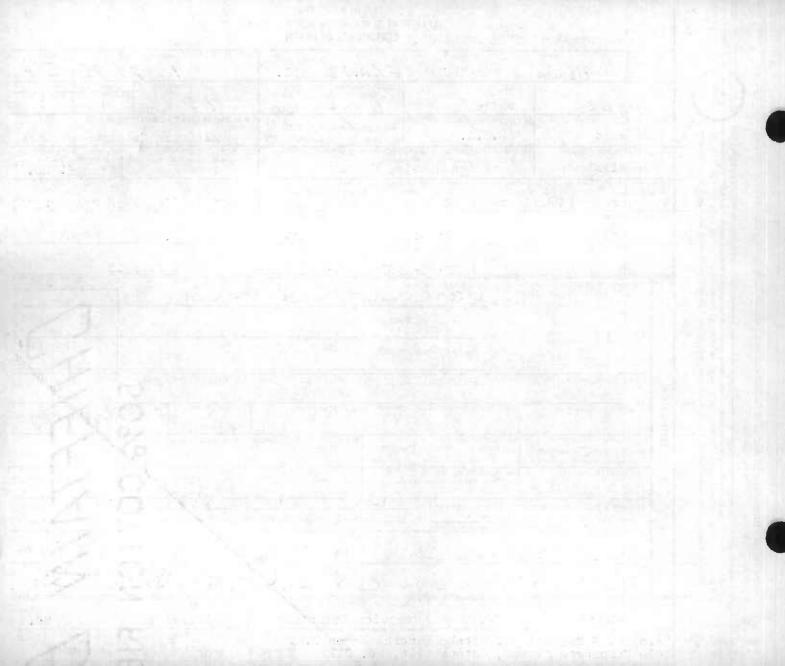
ery Suitland. 250. DATE REC'D. BY REGISTRA 236. REGISTRAR'S G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

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1630 Edmondson Avenue, Catonsville, Md. 21228

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

6. AGE (IN YEARS LAST BIRTHDAY)

2a. DATE OF DEATH

IF UNDER TYEAR

26 HOUR

IF UNDER 24 HR

REGISTRAR LAST I. DECEASED NAME FIRST TILLIE (TYPE OR PRINT) 4. RACE 5 DATE OF BIRTH

white

76 CITIZEN OF WHAT COUNTRY?

MONTH YEAR

WIDOWED

1907

YRS 9. BALTIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Baltimore TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE

COONTY. 12b. KIND OF BUSINESS OR INDUSTRY AT HOME

Ran Dallstown Baltimore County USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE

113b. COUNTY Bulto

13c. CITY OR TOWN BALTO.

SHAPIRO

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d. INSIDE CITY LIMITS? NO P

17. INFORMANT

FIRST

13e.STREET ADDRESS / ZIP CODE

DORA

506 15. MOTHER'S MAIDEN NAME

MIDDLE

MKNOWN

APPROXIMATE INTERVAL

MIDDLE JACOB 16g WAS DECEASED EVER IN U.S. ARMED FORCES?

FOR

STATE

emalo

To. BIRTHPLACE ISTATE OR FOREIGN

MarylanD

10 CITY OR TOWN OF DEATH

4 FATHER'S NAME

(YES NO OR UNKNOWN)

NO

166 SOCIAL SECURITY NO

DANIEL FRIEDEANDER -05-4568 3506 LANGREHR RD. APT. 1A #21207

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) C. CO. C. D. ISC.C. arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which MCOMSESTIVE COPPIONYO gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF

couse (a), stating underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOP YES |

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

19a DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

BETH JACOB

196, CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OF TOWN

STAFF

NO [

STATE

M

21d. INJURY OCCURRED

CERTIFICATION

80

morked or

MPORTANT:

22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

COUNTY

774 PHYSICIAN'S NAME TEYPE OF PRINT

23a. BURIAL, CREMATION, REMOVAL

BURIAL

NOT WHILE

J-ChIACUS

JAN.3,1985

32 - K SYOC 23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

CARROLL

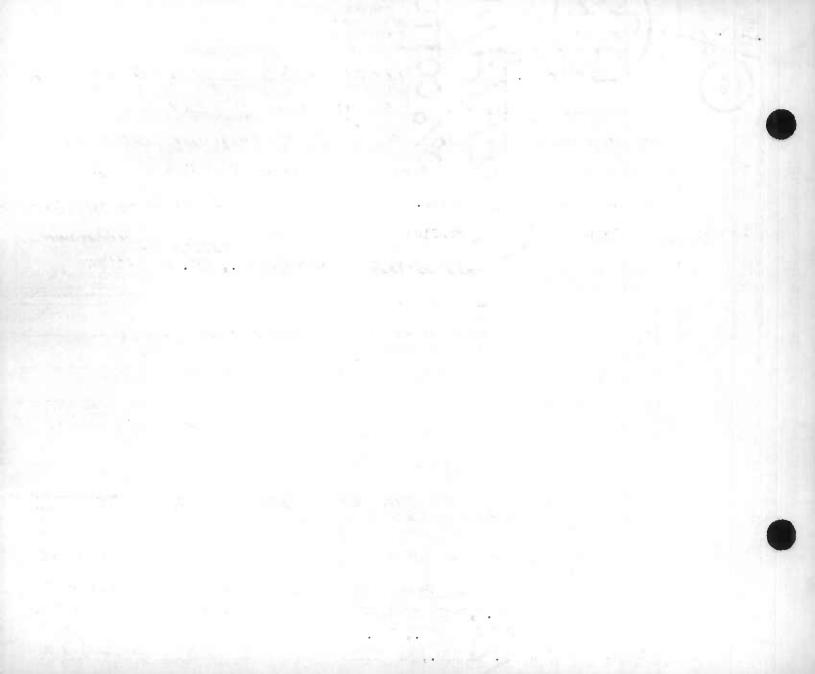
19.85, that (I) (we) lost

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. (VRA 15, 4)

6010 REISTERSTOWN RD. BALTO. MD 21215

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Julia Davidson Randalle



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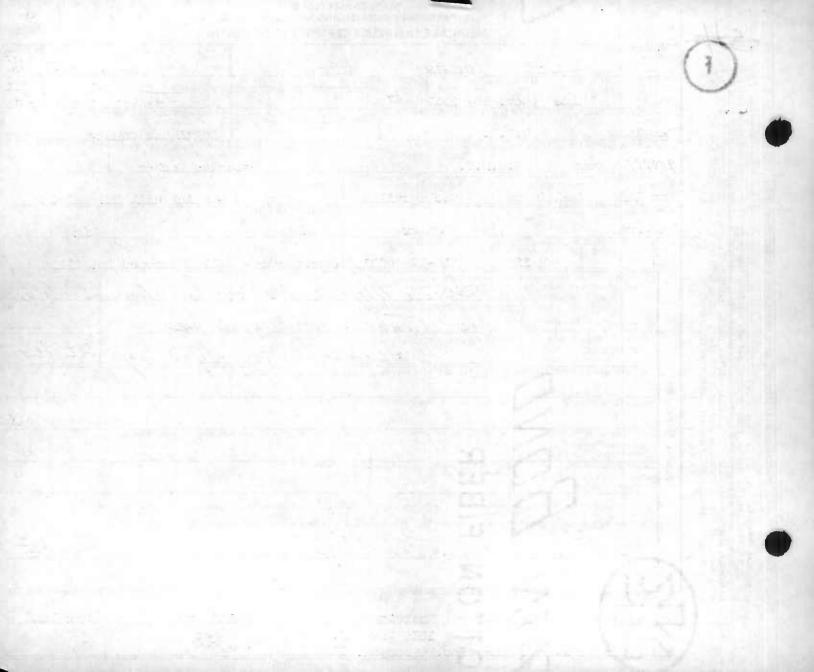
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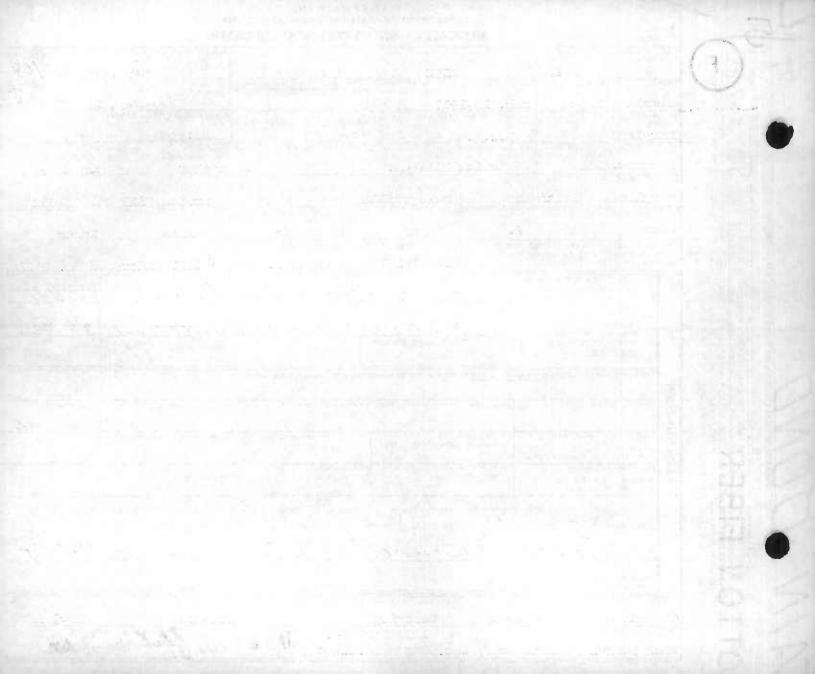
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MONTH IN THE SECOND

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48 SE	3 SEX		4 RACE	5 DATE OF BIRTH		6. AGE (IN YE	ARS IF UN	NDER 1 YR. IF	UNDER 24		ATE	MONTH	DAY YEAR	2d HC
N 2 2 N	Ма	le	White	Nov. 16	, 1917	67yı	1110111	HS DAYS H	OURS M		DUNCED 2	JUSTY	120 1985	VOI
WITHIN STORY		RTHPLACE (5	TATE OR	76 CITIZEN OF V	VHAT COUNT	RY?	8 MARR	IED X NEVER	MARRIED	9. BAL	TIMORE CITY	OR COUNT	TY OF DEATH	
266	Ma	ryland		U.S.A.			WIDOV	VED 🗆 (ONORCED		ltimor	e Cour	ntv	
1	10 CI	TY OR TOWN	OF DEATH	11 NAME OF HO			, OR OTH	HER INSTITUTIO	N 12	a USUAL OC	CUPATION (TYPE OF WORK	0R INDUSTR	SINESS Y
XO_			owson	G.B.M.					A	sbesto	s Work	er		
16	USU A		(IF IN NURSING HOME	OR OTHER INSTITUTION, O		OR TOWN	ON)	138. INSIDE CITY (LIMITS? 13	e STREET AD	DRESS			
כיו	_	ryland	Balti	more	Cock	eysvil	le		NO 🙀		wick M	ill Ct	2103	0
21	14. FA	THER'S NAME		MIDDLE	t.	AST		15 MOTHER'S	MAIDEN	NAME	MIDDLE		LAST	1
JU.	-	ewart	D FIVED DILLIO		Gaml			Oliv			40000		White	
	(Y	ES, NO, OR UNKNO		WAR OR DATES)		IAL SECURIT		I/ INFORMAL	NI		ADDRE	.55		
	Ye			V II		12-409	3A	James	Ryan	- 4417	Under	wood I	Rd. 2121	_
		gave ri	ns, if ony, which se to immediate stating the <u>under</u>	(b)	A CONS	Lopes Equence	incl	AS	In) ili	he	ey	aty	40
AGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PER TATE DEPARTMENT OF HEALTH AND MENTAL HYGIES 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL MEDICAL CERTIFICATION	CERTIFICATION	PART 2 DINER SI		CONTRIBUTING TO DEAT	50.2			E DR CONDITION GI		10			20 AUTOPSY?	NO
2		UNDERLYING	AL CAUSE WAS OR NG CAUSE OF		M. MONTH	DAY YEAR		OW INJURY O	CCURRED (ENTER NATURE (DF INJURY IN ITEM	18 PART I OR PA		1401
	MEDICAL	21d INJURY C	OCCURRED NOT WHILE [AT WORK		OF INJURY CTORY, FARM, ETG	(AT HOME,		STREET		CITY O	RTOWN	cor	UNTY	STAT
		22a. 1 certi death result ACTUAL SIGNATHIE	'	ge of the remains digral causes D.	Accident		Autop	TYLE (SPEC	CIFY)	Undetermined	d manner	ond in my op], DATE SIGNE	1/2	25
文一	730 B	EXAMINER'S (TYPE OR PRI	NAME NT)TION, REMOVAL	23h DATE	122, N	AME OF CE	METERY	ADDRESS		34 LOCATIO	N.			
	(5	PECIFY)						A CREMATOR		23d. LOCATIO		COUR	3.0	ATE
		emation UNERAL DIRECT NAME		1-24-85 ADDRE		estvie 050 Yc		d. 250		Baltim D. BY REGIS 2 2 198	TRAR 256 RE	GISTRAR'S S	Maryla GIGNATURE MARYLANDE	ind
VR A15 ME (5))	Ru	ck Tows	son Funer	ral Home,	Inc. To	owson.	Md.2	1204	OLITE	- C -N	a			



7 7 12	1		FOR			_		MARYLAND H AND MENTAL H	VOIENE 5	0.0	4
- la	- Antonio	1-	STATE REGISTRAR					CERTIFICATE C	EDEATH		
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		3 SEX		4 RACE	5 DATE OF BIRTH			GAMBER NDER 1 YR. IF UNDER		MONTH	DAY YEAR 2d HOUR
	NATA NATA	Fe	male	White	Feb. 19,	YEAR LAST BIR	YRS. MONT	THS DAYS HOURS	MIN PRONOUNCED DEAD	Tangary	20 1985 VOEM
	83 E E E E	7a. BI	RTHPLACE (S		7b. CITIZEN OF W	HAT COUNTRY?	18	NEVER MARR	9. BALTIMORE	CITY OR COUN	
	高品の音楽		ryland		U.S.A.		WIDOV			more Con	intv MD.
	AY IS THE P AGE: FILED, 201 V	10 CT	TY OR TOWN	OF DEATH		PITAL, NURSING HO		HER INSTITUTION	12a USUAL OCCUPATION	ON (TYPE OF WORK	unty MD. 12b KIND OF BUSINESS OR INDUSTRY
	JOB WILL		ckeysv:		6 Warwic	k Mill Ct			Homemaker		Own Home
6	0 = 0 & m	USU A 130. S	L RESIDENCE	(IF IN NURSING HOA		R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. INSIDE (11Y LIMITS? 13e STREET ADDRESS					
21201		Ma	ryland		imore	Cockeysv		YES NO	6 Warwig	k Mill	Ct. 21030
WD			THER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDE	NAME		LAST
ORE,	FORM PM FORM PM ES I AND ON OF VILL		rry		R.	Ryan		Sophia	Anr		Hanus
TIMO	F PA FOR ON	(1)	AS DECEASE S, NO, OR UNKNO	D EVER IN U.S. I	ARMED FORCES?	16b. SOCIAL SECL		17 INFORMANT		DDRESS	
BAL	URS AFTER DEV B. GIVE PAGE WITH FORM T. PAGES 1 AN DIVISION OF	No				214-03-1		James E.	Ryan - 4417	Underwo	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.		W.	PART I DE	F DEATH (Enter EATH WAS CAU	only one cause per line SED BY:	far (a), (b), and (c).)	- 11	1012 -1	196	7	APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH
ON	17EM 1 LONG PERMI GIENE, VVAL			IMMED	(DUE TO, OR	AS A CONSEQUEN	CEOF	10cdra1	2/ 000	75/1000	Suddle.
ex Si	WITHIN NCIL IN VINER A VIAL HY VIAL HY			ns, if any, whi	ich	250	500	(Aprona)	1.19-		3 2 41
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NO	THIS CERTIFICATES, WRITING THE WO WARDED TO THE CPAGE 3 SHOULD BE TATE DEPARTMENT 21201 PRIOR TO BU	MEDICAL	CONTRIBUTI	NG CAUSE C		DF INJURY (AT HOM		CATION			
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	E CERT DULD 1 DULD 1 H, WIT	00	ACTUAL	1/10	dest 10	2 822m	ell.	TOTE SPECIFIC	7	DATE	1/20/01
	SEA SEA		SIGNALIDEE	700			7 "	N.D. ,	MEDICAL EXAMINE	R SIGNI	:D
	TO MEDICAL EX. EXECUTE THE CER. PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, W. BALTIMORE, MAI		EXAMINER'S (TYPE OR PRI	NAME NT)			,	ADDRESS			
	PAC PAC —	23a. Bl	JRIAL, CREMA	TION, REMOVA	L 23b. DATE	23¢ NAME OF	CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	CON	NTY STATE
	BP	Cre	emation		1-24-85	Westv:	iew		Baltimore		Maryland
	DHMH - 17		NERAL DIRECT		ADDRESS		York	74 22 14	REC'D BY REGISTRAR	REGISTRAR'S	IGNATURE
	(VR A15 ME (5))	Ru	ck Tows	on Fune	ral Home,	Inc. Towson	n, Md.2	1204	4 1900		- Mariane



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Show

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH YEAR 2b HOUR I. DECEASED NAME LTYPE OR PRINTI 18 185 7:10A 01 THOMAS н. GARRETT IF UNDER 1 YEAR IF LINDER 21 HRS 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3. SEX HOURS VOV 1911 MALE WHITE 70 BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED A NEVER MARRIED COUNTRY WEST VIRGINIA BALTIMORE COUNTY WIDOWED DIVORCED | 11 NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GREATER BALTIMORE MEDICAL CENTER TOWSON USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 827 SENECA PARK RD 130. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 21220 BALTIMORE MARYLAND 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE MATHTAS GARRETT KATIE LESTER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 827 SENECA PARK ROAD (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) BALTIMORE.MD 21220 MRS. GARRETT NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
CARD TO DIT M CARDIOPULMONARY ARREST IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF METASTATIC LARYNGEAL CANCER Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES T NO 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21e. PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 85 1718 85 270 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on 1/18

sow the deceased alive on_

BURTAT

85 obove, (I) (we) (did) (did not) view the body ofter death

DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN X

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

22d. PHYSICIAN'S NAME TYPE OF PRINT) D. MEYER, M.D.

23g BURIAL CREMATION, REMOVAL

23b. DATE

23c NAME OF CEMETERY OR CREMATORY CEDAR HILL CEM.

22e ADDRESS

23d LOCATION CITY OR TOWN MATHIAS

GBMC - 6701 N. CHARLES ST. 21204

STATE HARDY

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR SLACK FUNERAL HOME

BOX 268 ADDRESS ELLICOTT CITY.MD 21043

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

0.54

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director. should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours oftow the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medico

IMPORTANT: If them 21 is morked or them 18 shows ony

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEI CERTIFICATE OF DEATH	4E
TAST	a D/

	1-	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYGIE		0 0 7	, 0		
ı	i DEC	EASED NAME FIRST	MIDDLE		AST	REG. NO 20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR		
		00.000 11	VARD W	GA	EIMAN	20. DATE OF BEATT	1 19 85	2 pm		
	3. SEX		4. RACE	5. DATE C		S. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS.		
-	• /	MA/e	white	MONTH 12	20 1895	. 89	YRS.	HOURS MIN.		
h		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT CO	MARRIEI	NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH	1		
1	M.	aryland	U.S.A.	WIDOWE	/ -	BALLIM	ORE (OUN	X MD.		
)	100	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		- //	124 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	F BUSINESS OR		
4		ockeysville	MARYIAN	ud MAS	ONIC HOME	Mechanic	Dai	Lry		
7	13a. S	RESIDENCE OF NURSING HOME OF TATE 136 COUNTY Balti	NTY I3c. CITY (OR TOWN Cevsville	134 INSIDE CITY LIMITS?	Cockeysvil)		
0	14. FA	THER'S NAME			IS. MOTHER'S MAIDEN NAM	Ε				
				iman	FIRST	MIDDLE	Enc.	glar		
				AL SECURITY NO.	17 INFORMANT	ADDRE		STAL		
1		ES, NO OR UNKNOWN) IF YES, GIV	VE WAR OR DATES)				133 1/1 04	1020		
	-	No	K12-1	0-3926A	Md. Masonic He	me Cockeys				
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per line for 101 ED BY: TE CAUSE 10)), (b), and (c))	515		BETWEEN	MATE INTERVAL ONSET AND DEATH		
		NVV.LDV.	DUE TO, OR AS A QO	NSFQUENCE OF	11			E - 131a		
		Conditions, if ony, which	(ib)	iver !	4bscess	5				
		gove rise to immediate couse (o), stating the underlying couse lost								
			(c)							
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONE	DITION GIVEN IN PART TO	D.		
-	ATIO	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206, IF YES, WERE FINDINGS USED				
	CERTIFICATION	190. DATE OF OPERATION	176 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERTIFYING CAUSES OF DE				
2		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		ITH DAY YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)			
	1AL	IF EITHER, NOTIFY MEDIC ALEXAMINE	AIN	19	Eurotto Birton					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OF TO	VN COUNTY	STATE		
	×	AT WORK AT WORK	(AT HOME, STREET, FACTORY	(, OFFICE, FARM, ETC.)	STAFF I	CHYORION	VN	SIAIC		
		220.1 certify that (I) (this hospi	ital) attended the deceased	d from	, 19	, to		that (I) (we) lost		
		sow the deceased alive on		19, or	nd that in (my) (our) apinion de	eath occurred on the do	te and hour and from the	causes stated		
		77h SKINATURE /	The state of the s	20	DEGREE		22c. DATE	SIGNED		
e		V)and	Din	-/	M PHYSICIAN [MEDICAL STAF		-0 - rs		
		THE PHOTOGRAS NAME THE	C. Talanto	1850 T.	220. ADDRESS		1 /			
		Cant	CIVAS	,	Me	asonic	Hone			
	230 B	URIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	234 LOCATION	42 CM AN (7)	STATE		
	(Burial	1-23-85	Woodlav	vn	Wood Lawn	Balto. Md.	STATE		
		INFRAL DIRECTOR			250 DATE	REC'D. BY REGISTRAR	Sh. REGISTRAR'S SIGNAT	URF		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

etoined by the hospital or attending physician

Mitbhell-Wiedefeld Home 6500 Tork Road 21212

the Davidson-Randale

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John C. Miller Inc. 6415 Belair Rd.

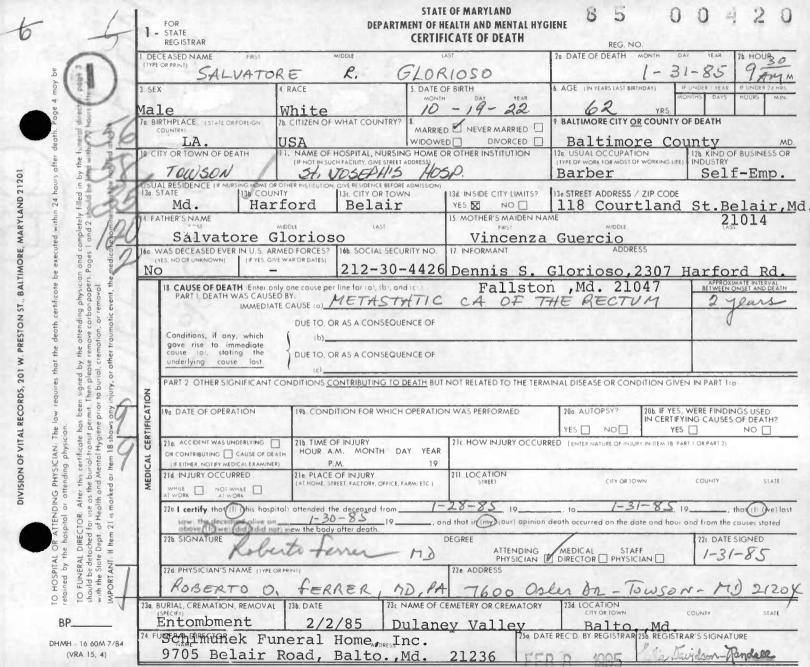
(VRA 15, 4)





1	1	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENE 8 5	0 0 4	19
Y		CEASED NAME (#III	whole	(All)		CINTIN DAY YEAR 20	55 AM
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	1.35	F	W	4 1 1894	91	WEST THE THE	OURS JAME
6//		RIHPLACE INTERESTORICH COUNTRY RUSSIA	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED NORCED	Balto &	COUNTY OF DEATH	Count
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100		AL RESIDENCE OF HURSING HOME OF	OTHER INSTITUTION, ONE RESERVEX BUT	ORE ADMISSIONS	134 STREET ADDRESS / 2	ZIP CODE BUIT	MD
17	14. E	MARYland 159		IS MOTHER'S MAIDEN NA	Illan Ticker	Juli Va anno	
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/	16a.	VAS DECEASED EVER IN U.S. AR	MED FORCES? 188 SOCIAL SE	CURITY NO. II INFORMANT	rnick 1923		PRIT.
1	-	r	ly one cours per line for my the		THER THE	APPROXIMATI	
		PART I. DEATH WAS CAUSE IMMEDIA	by one couse per line by rat, the DBV	ratory Fow	Lure		T. ARIO CALPITA
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		come in stating the underlying come last	DUE TO, OR AS ACCESSED	Withit By Hop	is block	CAD	
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2	IFICAT	THE DATE OF OPERATION	THE CONDITION FOR WHE	H OPPRATION WAS PERFORMED	The second second	70L IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	DEATH?
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9		OR CONTRIBUTING CONTRACTOR DE	HOUR A.M. MONTH	DAY YEAR	The second	771000 7000 7000 70	
1	MEDICAL	214 INJURY OCCURRED	71e PLACE OF INJURY	7H LOCATION	CITY OR TOWN	N COUNTY	STATE
	2	APPLE D NOT WHILE D	LACHOME STREET, FACTORY, OFFIC	E. FARM, ETC.) STREET	City die 10 w	CONT	STATE
			tal) attended the deceased from		√ 10-		t (I) (we) last
		saw the deceased alive on above, (I) (we) (did) (did no	ti viewhile body affer death		death accurred on the date	and how and from the cau	ses stated
		1781700 . a . a	0 4 00	DEGREE ATTENDING	* MEDICAL STAFF	Zh: DATE SIG	NED PL
1	1	THE PHYSICIANIS POINTE	sever co	PHYSICIAN D	MEDICAL STAFF	W 1-10	700
MPORT AN		J.R.M	yetawi	TZMS GGB	Rubbu	Docon Rl	12/2/3
	100	HURIAL CHEMATION HEMOVAL	7-16-85 11	name of cempters or chemators Farband Compters	ROSEAU LE	Ba 1+	MD
-	- Description	INERAL DIRECTOR	///			BOT.	
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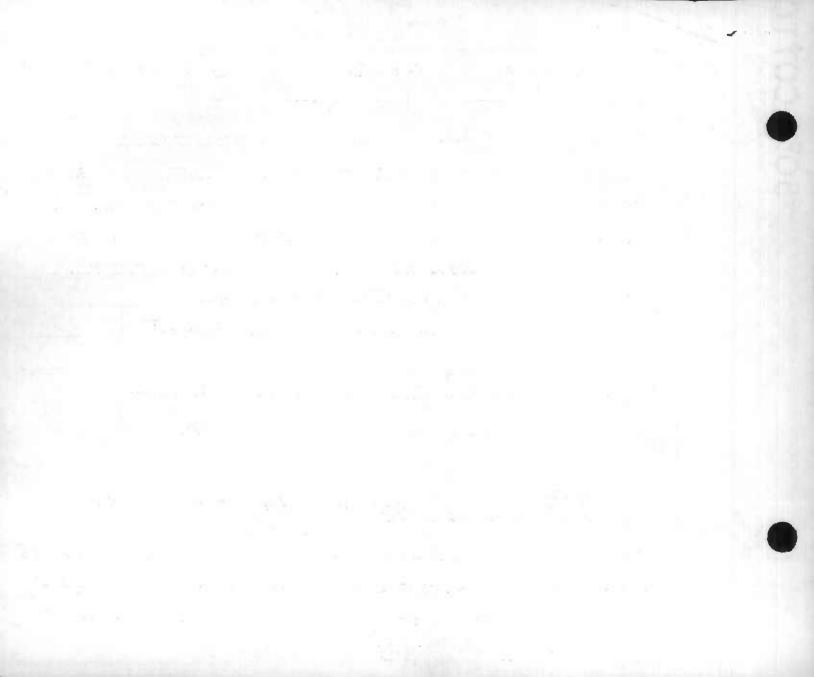


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

朾	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL I	HYGIENE REG. NO.	0 7 2 1
1. [DECEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
	YPE OR PRINT) SEL	MA G	OLO	Jon. 16.	, 85 2:15 A
3. 3	SEX	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
L	FEMALE	WHITE	MARCH 10, 1908	76 YRS.	AONTHS DAYS HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) AUSTRIA	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DVORCED		
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
1	RANDALLSTOWN	BALTIMORE CO	OUNTY GENERAL HOS		AT HOME
15	UAL RESIDENCE (# NURSING HOME) I. STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW		? 13e.STREET ADDRESS / ZIP CODE	21209
7	MARYLAND	BALTIMOF		6320 GREENSPRING	
IK	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
1	NATHAN	FRIE			UNKNOWN
160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		ADDRESS	OMMONI
4	NO	2/3-12-4	182 MR. JEROME	E SOBELMAN 23 MARYL	AND AVE. 21208
F	PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and	d(c).)	anend	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z		DUE TO, OR AS A CONSEQUE		erminal disease or condition givi	EN IN PART Ita
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
	OR COLUMNIA COLUMN OF OR	ATH HOUR A.M. MONTH DA	19 21¢ HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 P.	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the decrased alive ar above, (1) (w) (did) (did no	ital) attended the deceased from 19	S, and that in (my) (aur) apin	ian death occurred an the date and hour	19, that) (we) last and fram the causes stated
	27h SIGNATURE		DEGREE ATTENDING PHYSICIAL	G MEDICAL STAFF N DIRECTOR PHYSICIAN	1-16-45
	CHASSEM		BRED BALL	to. Counts am	a Rosina .
230	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		HAME OF CEMETERY OR CREMATO OBROISKER CEM		BATTO., MD
	FUNERAL DIRECTOR SOL I	LEVINSON & BROS.,	INC.	DATE REC'D. BY REGISTRAR 256. REGISTI	RAR'S SIGNATURE
	6010 REISTERSTOW	N RD. BALTO, MD 2:	1215	JAN 2 4 1985	

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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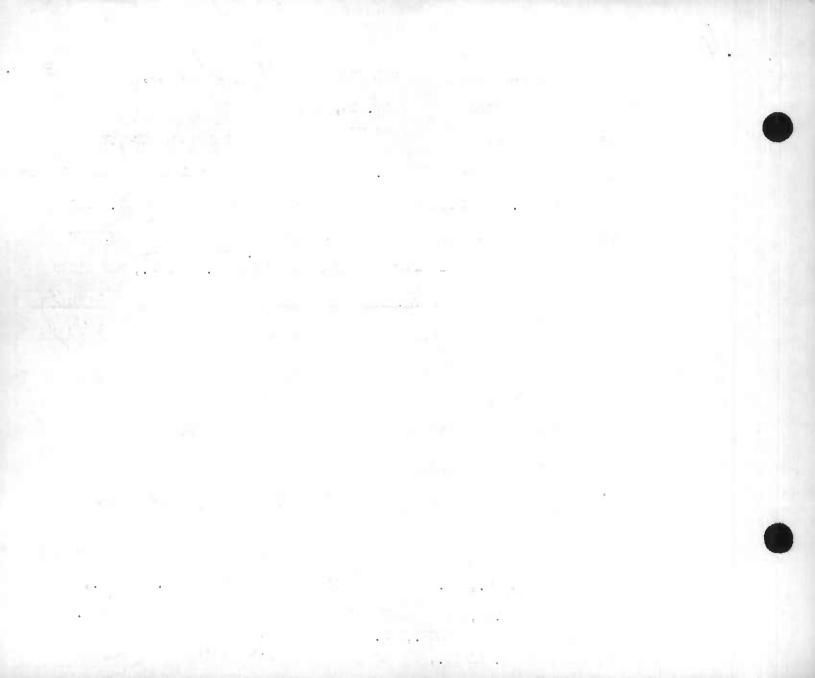
	- STATE REGISTRAR		DETART		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0					
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(TYPE	E OR PRINT)	RBERT		COLE	DEDC	JANUARY	1/ 1	1985	C	5		
3. SEX		4. RACE				6. AGE (IN YEARS LAST BIR		IF UNDER 1 YE	AR IF UNDE	MD. WINDER 24 HRS. WINDER 24		
	MALE	WHIT	ГЕ	NOV. 18, 1905		MONTH DAY YEAR		79	YRS.	ONTHS DA		MIN
	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY O						
10 6	RUSSIA	USA		WIDOWE	DR OTHER INSTITUTION	BALTIMO			00 0110			
	BALTIMORE	2307	BAYTHORNE	E CT.	#21209	(TYPE OF WORK FOR MOST O	F WORKING LIFE	INDUST	S.A.			
13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO (ARYLAND BA		N. GIVE RESIDENCE BEFORE 136. CITY OR TOW BALT IMOR	'N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /		CT.	#21209	9		
_	ATHER'S NAME				15. MOTHER'S MAIDEN NA	WE						
	MAX	G(OLDBERG		PAULINE	MIDDLE		UNKN	OWN			
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT MR	S. JEANNED C	OLDBER	RG				
	NO	one man on banes,	213-38-9	9923	2307 BAYTHO	RNE RD. BA	LTO.,	MD	21209			
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NOI	gove rise to immediate cause (a), stating the underlying cause last.	(6)_	-		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART	lia			
TIFICATION	gove rise to immediate cause (a), stating the underlying cause last.	t CONDITIONS (CONTRIBUTING TO L	<u>DEATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \)	DITION GIVE 20b. IF YES, IN CERTIFY YES	WERE FIN	DINGS USE	TH?		
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	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (FETHER NOTIFY MEDICAL SAMY) 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this had some contribution of the	T CONDITIONS OF THE PLACE (AT HOME. S spital) of tended to on not inview the book.	DITION FOR WHICH OF INJURY A.M. MONTH D P.M. E OF INJURY IREET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 FARM.EIC.)	N WAS PERFORMED 21c HOW INJURY OCCURS 21f LOCATION SIREET	200 AUTOPSY? YES NO NO NEED (ENTER NATURE OF INJUI	20b. IF YES, IN CERTIFY YES RY IN HEM 18 PA	WERE FIN YING CAUS INT I OR PART	DINGS USE SES OF DEA NO	STATE (we)		
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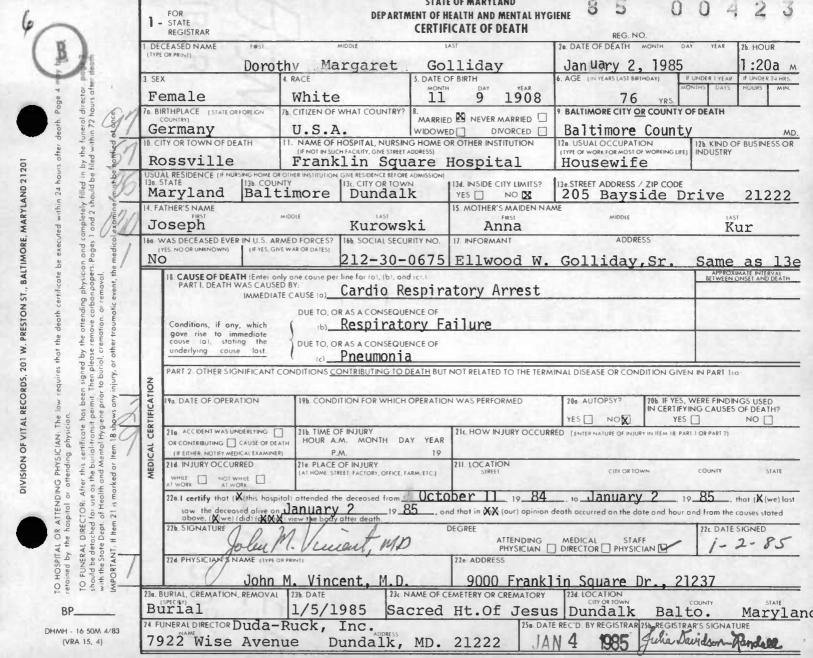
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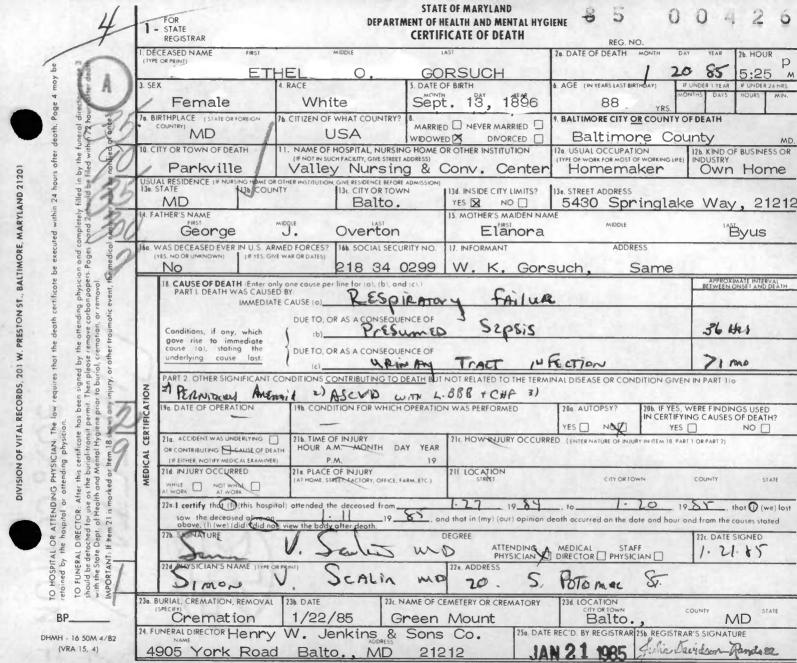
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

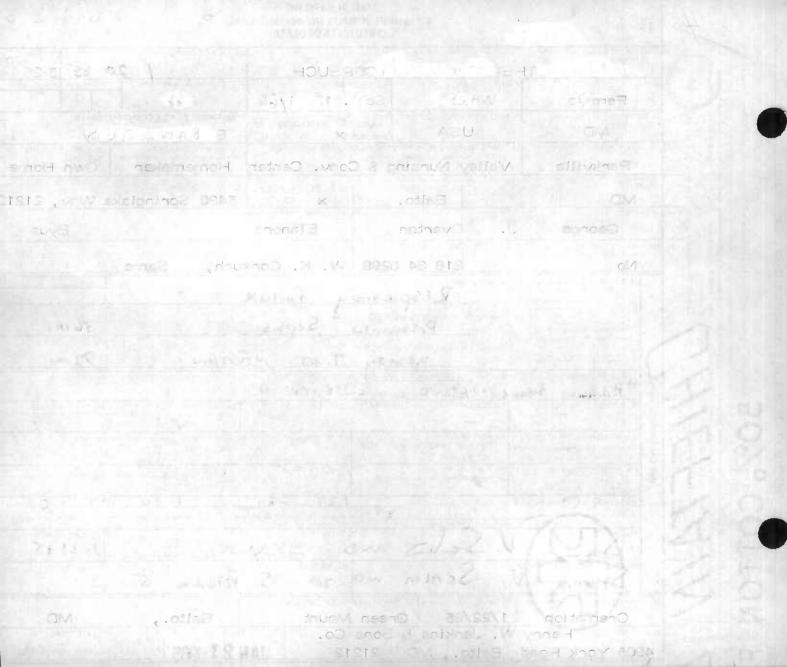
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ALE HATE SOLICE OF BIRTH AGE PRIVILATION OF DEATH AGE PRIVILATION AGE	HOUR
ALE HITE O'727 - 148	3:07pm
ABAITMORE CITY OF COUNTY OF DEATH MARRIED MARRIED MARRIED MODIVED DIVORCED	UNDER 24 HRS
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SOUR RESIDENCE PARTE 130 COUNTY 130	UGS
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Ide WAS DECEASED EVER IN U.S. ARMED FORCES? Ide SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ITENDO SURVINOWIN 1/4 YES, GMY WAR ORDAILS ITENDO SURVINOWIN 1/4 YES, GMY WAR ORDAILS ITENDO SURVINOWIN 1/4 YES, GMY WAR ORDAILS ITENDO SURVINOWIN ITENDO	
IF YES, NO OF UNKNOWN) NO 18. CAUSE OF DEATH Enter only one couse per line for 19 by ond 2 19. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 10, stoling the underlying couse 10st PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to PART 2. ON CONTRIBUTING CAUSES OF YES NO PART 2. ON CONTRIBUTING CAUSES OF YES NO PART 2. ON CONTRIBUTING CAUSE OF INJURY HOUR A.M. MONTH DAY YEAR 1. HOW INJURY OCCURRED (ENTER NATURE OF INJURY ALTERNIES PART 1 OR PART 2.) 210. AUGUST OF DEATH 1. Enter 1 on PART 2. ON CONTRIBUTION COUNTY 1. STREET 1. ON THE PART 1 OR PART 2. ON THE PART 2 OR PART	AUSE
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196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1700 AUTOPSY? 1700 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NO	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21e LOCATION STREET 22e. I certify that (N (this haspital) attended the deceased from 19 85, and that in (N) (aur) opinion death accurred on the date and haur and from the caus 11 5 10 10 10 10 10 10 10 10 10 10 10 10 10	
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 27e. I certify that (N (this haspital) ottended the deceased from 19 85, and that in (N) (aur) opinion death accurred on the date and haur and from the caus 27e. DATE SIGN 27e. ADDRESS 27e. DATE SIGN 27e. DATE SIGN 27e. ADDRESS 27e. DATE SIGN 27e. DATE SIGN 27e. ADDRESS 27e. DATE SIGN 27e. DATE SIGN 27e. ADDRESS 27e. DATE SIGN 27e. DATE SIG	10 🗆
270. I certify that (X) (this haspital) ottended the deceased from 1985, that in (N) (aur) opinion death accurred on the date and haur and from the couse of the physician in the body after death 1985, and that in (N) (aur) opinion death accurred on the date and haur and from the couse of the physician in the body after death 1985, and that in (N) (aur) opinion death accurred on the date and haur and from the couse of the physician in the physician in the couse of the physician in the physicia	
270. I certify that (X) (this haspital) ottended the deceased from 1985, that in (N) (aur) opinion death accurred on the date and haur and from the couse of the physician in the body after death 1985, and that in (N) (aur) opinion death accurred on the date and haur and from the couse of the physician in the body after death 1985, and that in (N) (aur) opinion death accurred on the date and haur and from the couse of the physician in the physician in the couse of the physician in the physicia	
270.1 certify that (N (this haspital) ottended the deceased from	STATE
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) TO BURIAL, CREMATION, REMOVAL 23b DATE 1/18/85 AND DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRE	(V (we) last
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OF PRINT) N. B. FUNCION The Address 7620 York Road Towson Md 21204 236 BURIAL, CREMATION, REMOVAL 1236 DATE 1/18/85 BETH EL MEM. PARK RANDALLSTOWN BALTO, IN THE REMOVE IN THE REMOV	
PHYSICIAN DIRECTOR DIR	NED
M.B. FURLONG JR M.D. 7620 York Road Towson Md 21204 236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN BALTO, N 1/18/85 BETH EL MEM. PARK RANDALLSTOWN BALTO, N	
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF LOWIN BALTO, I	
BETH EL MEM. PARK RANDALLSTOWN BALTO,	
	MD STATE
24 FUNERAL DIRECTOR SOL LEVINSON & BROS. , INC. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	
5010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215	

DHMH - 16 60M 7/B4 (VRA 15, 4)

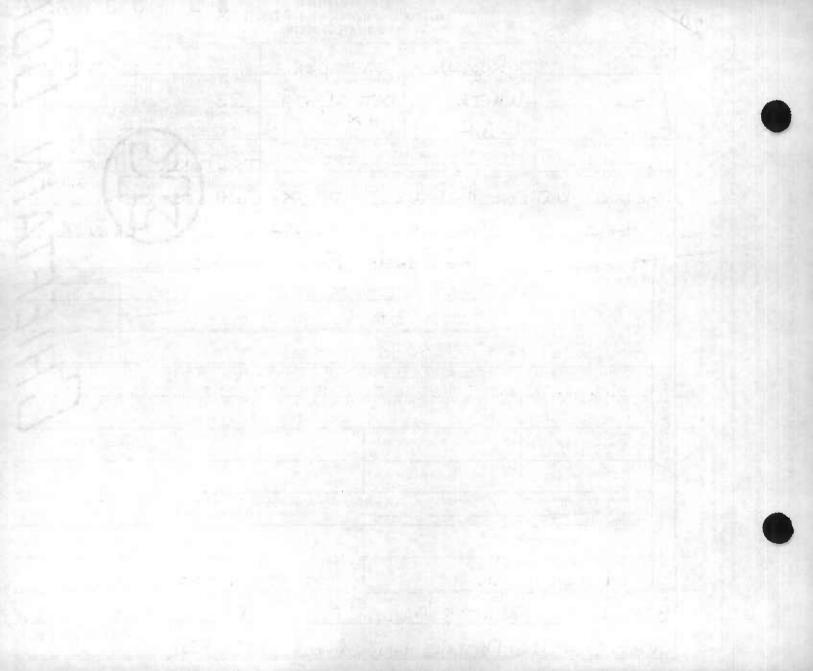
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. 1	/			STATE OF MARYLAND	8 5 0	0 4 2 /
201	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	
pe		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		EASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR 2h HOUR
	1.00	HOWA	ARD RUSSELL	GRANDER, SR.	01 (08 '85 11:43 ^A M
_	1 SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
4	1	IALS	WHITS.	OCT. 26 1901	83 YRS.	MONTHS DAYS HOURS MIN.
B.	1 8	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1	80	OUNTRY	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNT	ry. MD
1	_	TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12h KIND OF BUSINESS OR
240		TOWSON	GREATER BALTIM	ORE MEDICAL CENTER	TOOL MAKER	DART OSCO
26		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION) WN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	010-1
150	1	ARYLAND RAIT	TOOR PARKYL	YES NO	9641 MASON	AVS.
01	14 FA	THER'S NAME		15 MOTHER'S MAIDEN NA	AME	
D		(HARLSS	C-PAOOS F	Q FIRST	WIDDIE	BRUNDER
1		VAS DECEASED EVER IN U.S. AF		URITY NO. 17 INFORMANT	ADDRESS	CRUINIZI
/		ES. NO OR UNKNOWN) (IF YES. GI	WAR OR DATES)	3654A FAMILY	RECORDS	
			nly ane cause per line for (a), (b), a		Nacoros	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
641	0	PART 1. DEATH WAS CAUSE	D BY. ACTITE E	ESPIRATORY FAILURE		BETWEEN ONSET AND DEATH
391		IMMEDIA	TE CAUSE (a) ACUTE P	EST IRATORI TALLURE		
			DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	ESPIRATORY DISTRES	S SYNDROME	
800		Canditians, if any, which gave rise to immediate	(b)	COOL TIGHT OF THE PROPERTY OF	D DINDROLLE	
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO THE TIME TO	JENCE OF OCELE PNEUMONIA		
			, (c)			
	z			DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART Ita
-	CERTIFICATION	C.O.P.D. VA		CIENCY MYOCARDIAL H OPERATION WAS PERFORMED		L FATLURE S, WERE FINDINGS USED
7	HC	DATE OF OFERATION	190 CONDITION FOR WHILE	NOFERATION WAS PERFORMED	IN CERTI	FYING CAUSES OF DEATH?
4	ERT	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	122. HOW IN HURY OCCUR		ES NO
1	122	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
91	MED	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
77	-	AT WORK		1,2,720		
16	91		tal) attended the deceased fram	OF	, 10	19_85 that (I) (we) last
	Ю.	saw the deceased alway on above, (I) (we) (did)	the bady after death.	, and that in (my) (aur) apinian	death accurred an the date and have	or and fram the causes stated
		22b. SIGNATURE		DEGREE		22c. DATE SIGNED
6		- Jua		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	
		226. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS		
(2)		EMTLIO LOBA	TO, M.D.	GBMC - 67	01 N. CHARLES ST	21204
		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	B	URIAL	T- WIDGE C	ARDENS FAITH	ROSS DALS BO	ALTO- MARY AND
/84	24 FU	INERAL DIRECTOR		8800 256 DA	TE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
04	5,	LAOS CHAPSL	OF Mancriss	HARFORD ROAD T	AN 1 0 1985 gulia	Davidson-Mandell
100		1112 71171 22	2. 1.8. 10.120	THIN CAU I		



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i	YOF	p o o

	1 -	FOR STATE REGISTRAR	DEPART		TH AND MENTAL HYG TE OF DEATH	REG. NO	o.	8		
		CEASED NAME FIRST	MIDDLE	LAST		2a. DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR		
	(1117	Georgia	R. Greason			Janaury 1	1985	11:25 ^A _M		
	3. SE)		4 RACE	5. DATE OF BIR		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 Y			
	1	Female	White		per 17,1902	82	YRS.			
5		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY!	MARRIED [NEVER MARRIED	9. BALTIMORE CITY OF		4		
1		ryland	U.S.A.	WIDOWED	DIVORCED [re County	MD.		
1	Rai	ndallstown	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE Old Court Nursi	ing Cente		120 USUAL OCCUPATION (149E OF WORK FOR MOST OF Beautican		ID OF BUSINESS OR TRY		
5	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE NOT COUNTY LAND	OTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136, CITY OR TOV Baltima	VN 13d	INSIDE CITY LIMITS?	3501 Fall		21211		
2	14. FA		middle LAST	15. A	NOTHER'S MAIDEN NAM	MIDDLE		LAST		
7		VAS DECEASED EVER IN U.S. AR		URITY NO. 17 I	NFORMANT	ADDRE	SS			
-		No No	213 12 2	2134 Do	ouglas Grice	e 14213 La	ongnecker 1	Rd 21071		
		Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	IENCE OF			2	PROXIMATE INTERVAL IFEN ONSET AND DEATH		
	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICE	H OPERATION WA	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CAL YES	NDINGS USED JSES OF DEATH? NO		
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	Y IN ITEM 18 PART LORPAR	T 2)						
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.		LOCATION	CITY OR FOV	VN COUNTY	Y STATE		
		sow the deseased alp an	ital) attended the deceosed from 19_11 to whe body after death.	ond the	REE	deoth occurred on the do	22; D	that (I) (we) lost the couses stated		
1		22d. PHYSICIAN'S NAME (TYPE O Dr. Michael B		22e	ADDRESS	DIRECTOR PHYSIC	IAN	521 4211		

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Burgee-Henss Funeral Home

23b. DATE 1/4/1985

230. BURIAL, CREMATION, REMOVAL **Burial**

Baltimore, Md. 21211

23c. NAME OF CEMETERY OR CREMATORY

Baltimore, Maryland orraine Park Cemetery

STATE

ine Navidson-Randelle



	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 8 5	0 0	1 4 2 9
y be age 3 death	(TYPE	CASED NAME FIRST FRANT			reinus		MONTH DAY	95 6 45 PM
der p	3. SEX	MALE	CAU CASIAN		- 23 - 1890	6. AGE (IN YEARS LAST BIRT	YRS.	, and
人们分		BATTO. Md.	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIED WIDOWED	☐ NEVER MARRIED ☐ M DIVORCED ☐	9. BALTIMORE CITY O		
	-	180. Coulty, Md.	11. NAME OF HOSPITAL, NU (MENOT IN SUCH FACILITY, GIVE AUGS BURG			12a USUAL OCCUPATION OF OF WORK FOR MOST O	WORKING LIFET IN	kind of Business or Dustry rinting
filled in ould be t	13a S	AL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OR	BEFORE ADMISSION) TOWN Fo, Md.	3d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	npfielo	Road.
mpletely ond 2 sh	14 FA	THER'S NAME FRANK	MIDDLE GREAT		5. MOTHER'S MAIDEN NA Lowis	ME	DOCKR	LAST
n and co Poges 1	16a V	AS DECEASED EVER IN U.S. AR	E WAR OR DATES		Augsburg Lut	A B BE	Ptimore,	MD. 212677
physicia npapers moval.			nly one couse per line for 1973 D BY: TE CAUSE (0)	bl, and (cu)	niea loc	cument)	APPROXIMATE INTERVAL BEDWEEN ONSES AND DEATH
he death cer ne attending emave corba motion, or re r fraumatic e		Canditians, if ony, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A GÓNS	15 50	, RHex	2° 14	ols e	July 84
equires that the signed by the Then please rett burial, creinjury, or athe	7	underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONS		OT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)
he low request. has been signed to permit. The ene prior to ene prior to the permit of the permit o	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH? NO
PHYSICIAN: II ending physici this certificote te burial-fromi d Mental Hysi d or Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART I OI	R PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, O		211 LOCATION STREET	CITY OR TO	wn co	OUNTY STATE
ATTENDING spitol or att CTOR: After of for use os t of Health o		22a. certify that (I) (this hasp			that in (my) (our) opinion	deoth occurred on the do	ote and hour and	from the couses stated
OR e ho		22b. SIGNATURE	122	Jul	ATTENDING PHYSICIAN	MEDICAL STAF		1-12-45
TO HOSPITAL TO FUNERAL Should be dete with the Store IMPORTANT: P		27d. PHINSICIAN'S NAME ITYPE	BUS	30	120 ADDRESS	Parle &	teiche	15 212af
BP	23a. B	URIAL, CREMATION, REMOVAL SPECIFYL Burial	23b. DATE 1-14, 1985	discount of the second	METERY OR CREMATORY Cemetery	234 LOCATION CITY OR TOWN Baltim	ore City	Maryland SLATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	T. &	Poyant Russell Russell 30 Edmondson A				TE REC'D. BY REGISTRAR AN 1 6 1985	25b. REGISTRAR'S	SIGNATURE AND

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/	1 -	FOR STATE			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL	L HYGIENE	8 5	0	0 4	
		REGISTRAR					ICATE OF DEATH		REG. N		2	431
		EASED NAME	FIRST		MIDDLE		AST	20 DA1	E OF DEATH	MONTH DA		26 HOUR
dead			MARTI		R.		THER			01 18	' 85	9:00A M
3	SEX		4	RACE		5 DATE C			IN YEARS LAST BIR	THDAY)	UNDER I YEAR	R IF UNDER 24 HRS
		Female		Whi		-	h 16, 1894		90	YRS		
26	C	THPLACE (STATE OR FO	REIGN 71		WHAT COUNTR'	MARRIE	D NEVER MARRIED		IMORE CITY O			
2/		Maryland Y OR TOWN OF DEAT	1	U.S.		WIDOWE	DIVORCED		LT IMORE			MD. OF BUSINESS OR
50		TOWSON		GREAT	ER BALT	IMORE 1	MEDICAL CEN	TYPE OF	WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	
3/2	3a. S1	ATE	136 COUNT	imore	13c. CITY OR TO	NWN	13d. INSIDE CITY LIMI	13e.STR 50	eet ADDRESS O Virgi	ZIP CODE	e. 212	204
		HER'S NAME FIRST illiam	MI	IDDIE	Maver	's	15 MOTHER'S MAIDE Wilhemin		WIDDLE	T.	unkn	AST OWN
8 / 16	60 W	AS DECEASED EVER I			166 SOCIAL SE		17 INFORMANT		ADDR	ESS		19073
medi	(4)	no or unknown)	(IF YES, GIVE	WAR OR DATES)	217-36-	3636	George R.	Gunthe	r 105 F	urlong	Ave.	Penn.
y njury, ar ather tre	ATION	gave rise to immicouse (D), stating underlying cause PART 2 OTHER SIGN LEG UL 19a DATE OF OPERATI	IFICANT CO	ONDITIONS CO		O DE ATH BUT	NOT RELATED TO THE		SEASE OR CON			I IO
Shaws on	CERTIFICATION					en or examo		YES	_ NO_	IN CERTIFY YES	ING CAUSE	S OF DEATH?
		210. ACCIDENT WAS UNDE OR CONTRIBUTING CO	AUSE OF DEATH	Р.	.M. MONTH .M.	DAY YEAR	21¢ HOW INJURY O	CCURRED (EN	TER NATURE OF INJU	RY IN ITEM 18 PAR	PT I OR PART 2)	
rked or	MEDICAL	21d INJURY OCCURRI		21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET		CITY OR TO)WN	COUNTY	STATE
of Health		220.1 certify tho (1) (saw the decease obave, (1) (we) (di				85	nd that in (my) aur) or	85 , to a	1/18 curred an the d	ate and hour	9 <u>85</u> and from th	, that (li (we) ast ne causes stated
E Stote Dept.		226. SIG THE	Qui	J FE	wat	- 1	ATTENDI PHYSICI 22e ADDRESS	ING MEDI	CAL STA TOR PHYSIC	FF CIAN 🔀	22c DAT	118/85
should be de with the Stot IMPORTANT	2. 5	RALPH W				NAME OF	GBMC - 6		CHARLE	S STRE	ET 212	204
	{5	Burial	EMOVAL	1-21-8		Parkwo	od	В	altimor	e. Md.	COUNTY	STATE
16 60M 7/B4 A 15, 4)		Leonard J.	Ruck	, Inc.	5305 Ha	rford		JAN2	2 1985	25b. REGISTR	AR'S SIGNA	ATURE

West of normal of help ACSTS . - TARREST TO THE ACT OF THE CONTROL OF THE . ORDER 1991 PRODUCED THE EMPLOYED AND THE TENTON OF THE TENTON LL Properties company of the company Laonard - . muck. Tue. 5345 Horston Sch. 2721

-	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	0 0 4 3 2
1	1. DECEASED NAME FIRST	MIDDLE	(AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR P.
ı	MARY	RUTH	GUYTON	JANUARY 24	1985 12:55 M
۷	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER TYEAR IF UNDER 24 HRS
l	FEMALE	WHITE	APRIL 10 1894	90 YRS	THE STATE OF THE S
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD .	75. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN	
7	BALTIMORE	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, MULTI-MEDIC		126 USUAL OCCUPATION 1 [TYPE OF WORK FOR MOST OF WORK INC. PRINCIPAL	126. KIND OF BUSINESS OR INDUSTRY SCHOOL
-		INTY INSTITUTION GIVE RESIDENCE BEFORE ISC. CITY OR TOW BALTIMO	ORE 13d. INSIDE CITY LIMITS?	3101 BELAIR	RD. 21213
	14 FATHER'S NAME FIRST WILLIAM	GUYTON	15. MOTHER'S MAIDEN NA	WIDDLE	wi'sner
)	160 WAS DECEASED EVER IN U.S. A (YES, INCORNINKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL SECU 212-38-		LETHERBURY (OOKHAVEN, PA.
		only one couse per line for (a), (b) one SED BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQUE	ouge of the	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MULLULE
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)	Well Melle	uplegia	3 yr
	PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM	IN CER	YES, WERE FINDINGS USED CTIFYING CAUSES OF DEATH?
1		HOUR A.M. MONTH DA	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM I	YES NO
	OR CONTRIBUTING CAUSE OF D OF EITHER NOTIFY MEDICAL EXAMIN OF EITHER NOTIFY MEDICAL EXAMIN WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive a	pital) attended the deceased from 19 3 and view the body after death.	, ond that in (my) (our) opinion	to 1 2 4	naur and from the causes stated
	22b. SIGNATURE	L. Flanos		MEDICAL STAFF DIRECTOR PHYSICIAN	1-25-85
		Tearing /	27e ADDRESS 3025	Belair Rd.	
	236 BURIAL, CREMATION, REMOVA Cremation	1/25/85	Greenmount	23d LOCATION CITY OF TOWN Baltimor	
		ek Funeral Home hms Lane, Balt		AN 29 1985 Julia	ISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR - STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

9		REGISTRAR			C	TEATE OF PEATE	REG. NO).		
١		CEASED NAME FIRST	AIDDLE LAST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR		
1		CHAR					1/17	/85	7:25PM	
	3. SE)	SEX 4 RACE		5. DATE OF BIRTH MONTH DAY YEAR		6 AGE (IN YEARS LAST BIRT		UNDER LYEAR	HOURS MIN.	
٠		Male White		June 11, 1908		76	YRS			
1	7a. 81	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	N OF WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
0			U.S.A	U.S.A. WIDOWE				E COU	UNTY MD.	
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING I			OR OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND OF	BUSINESSOR
0		TOWSON	6701 N CHARLES S		S ST	GBMC	Ind.Engineer Edgewood Ars			Arsenal
6	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTI 136: STATE 136: COUNTY Maryland Baltimore		YTY			13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / 8 Nightin	ay 2]	L093	
	14 FA	ATHER'S NAME		15 MOTHER'S MAIDEN NA						
6	Jo		MIDDLE	Habicht		Rose	WIDDIE		Busei	2
		60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)		16b. SOCIAL SECURITY NO. 17 INFORMANT		ADDRESS				
	No			189-05-5044 Marian W. H		abicht - Same as #13e				
		18 CAUSE OF DEATH (Enter or	nly one couse per						BETWEEN OF	NATE INTERVAL
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARD I O PULMONARY ARREST						ST		15	MIN.
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, Of	OR AS A CONSEQUENCE OF PROSTATE CONCER OR AS A CONSEQUENCE OF					YEARS	
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CHRONIC RENAL FAILURE								
2	CAT	190 DATE OF OPERATION	TION FOR WHICH OPERATION WAS PERFORMED					VERE FINDINGS USED NG CAUSES OF DEATH?		
	TIF						YES NO	YES		NO 🗌
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	ALIH.	M. MONTH DA	Y YEAR	21t HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
	AED	21d INJURY OCCURRED	21e PLACE (OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OF TO	WN	COUNTY	STATE
	1	AT WORK NOT WHILE			1-/11-	Q.F.	1./1	7	0.5	
	220.1 certify that (1) (this hospital) attended the deceased from 1/14 19 85 to 1/17 19 85, that (1) saw the deceased alive an 1/17 19 85 obove. (1) (we) (did) (did not) view the body after death.								not (I) (we) lost ouses stoted	
		27b. SIGNATURE DEGREE								IGNED
		D. Mu	'ese		m	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN	11	17/85
		224 PHYSICIAN'S NAME (TYPE OFFRINT)				22e ADDRESS				
		DR. D. ME	YER			GBMC		4		
		BURIAL, CREMATION, REMOVAL	236 DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Cremation 1-21-8		5 Westview		Baltimore			ryland	
	24 FL	JNERAL DIRECTOR		10	50 VC	rk Rd 250 DATE	E REC'D. BY REGISTRAR	25h. REGISTRA	AR'S SIGNATU	RE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT: If Item 21 is marked or Item 18 shows any

should be detached for use as the bit with the State Dept. of Health and M TO FUNERAL DIRECTOR: After

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

1050 York Rd.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

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DIVISION OF	
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	FOR STATE REGISTRAR		DEPARTM		ALTH AND MENTAL HYG	REG. NO.	0 0 0
	ECEASED NAME	FIRST	MIDOLE	LASI		20. DATE OF DEATH MONTH	
		MARY	۷.	HAI	YMER	/	10 05 10
3 S	EX	4 RACE		S. DATE OF	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
1	remale	WHI	He	N	22 03		RS. 9 1/ HOURS
6 10	BIRTHPLACE (STATE OR FOI	REIGN 76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COL	L COUNTY
28 16	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	
US	UAL RESIDENCE (IF NURSIN				1110	FB FOREMAN	ICLOTHING
77	mo	BACT.	2123	+	YES NO XX	13e STREET ADDRESS / ZIP C 8652 ROCK	
2/14	FATHER'S NAME FIRST	WIDDLE	LAST	1:	MOTHER'S MAIDEN NA/	ME	ŁAS1
26	PETER		ZURE	K	DOROTH		
16a	(YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECU	RITY NO. 1	7 INFORMANT	ADDRESS	21234
/_	NO		215-01-	2776 1	WILLIAM R.	REEDER, JR. 8	652 ROCK OAK APPROXIMATE INTERNIBET WEEN ONSET AND I
	PART I. DEATH WA	MMEDIATE CAUSE (0)	& chu	MCE OF	lessoso	lever c	y tint
	Conditions, if ony, a gove rise to imme couse (a), stating	the DUE TO, C	OR AS A CONSEQUE	NCE OF	10000	0 1	7
	underlying couse	lost (c)	CONTRIBUTION		2 Myn	e a ser	
NO		(c)_	CONTRIBUTING TO D	DEATH BUT NO	OT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	N GIVEN IN PART 1(a)
TIFICATION		FICANT CONDITIONS C	ONTRIBUTING TO D	lun	e.	20a AUTOPSY? 20b.	N GIVEN IN PART 1101 IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO NO
GERTIFICAT	PART 2 OTHER SONI	FICANT CONDITIONS CON 196 CONE RLYING 216 TIME HOUR A	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATI YES NO
MEDICAL CERTIFICATION	PART 2 OTHER SANI 19a DATE OF OPERATIO 21a ACCIDENT WAS UNGER OR CONTRIBUTING CA (IF EITHER NOTIFE MEDICA 21d INJURY OCCURRE WHILE NOT WHILE	FICANT CONDITIONS CON 196 CONE REYING 216 TIME (HOUR A HOUR A HO	OF INJURY A.M. MONTH DA	OPERATION AY YEAR 19	WAS PERFORMED	20a AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATI YES NO
GERTIFICAT	PART 2 OTHER SANI 19a DATE OF OPERATIO 21a ACCIDENT WAS UNGER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE AT WORK AL WORK	FICANT CONDITIONS CON 196 CONE REYING 216 TIME (HOUR A HOUR A HO	OF INJURY A.M. MONTH DA P.M. E OF INJURY IREET, FACTORY, OFFICE, FA	OPERATION AY YEAR 19	WAS PERFORMED THE HOW INJURY OCCURR	200 AUTOPSY? 200. IN C YES NO ENTER NATURE OF INJURY IN ITE	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATI YES NO MAIS PART (OR PART 2)
GERTIFICAT	PART 2 OTHER SANII 19a DATE OF OPERATIO 21a ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILE AT WORK 22a Certify that (1) (t) sow the deceased	FICANT CONDITIONS COND	OF INJURY A.M. MONTH DA P.M. E OF INJURY IREET, FACTORY, OFFICE, FACTO	OPERATION AY YEAR 19 ARM, ETC. 1	WAS PERFORMED THE HOW INJURY OCCURR THE LOCATION STREET	200 AUTOPSY? 200. IN C YES NO ENTER NATURE OF INJURY IN ITE	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY ST
	PART 2 OTHER SANII 19a DATE OF OPERATIO 21a ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILE AT WORK 22a Certify that (1) (t) sow the deceased	FICANT CONDITIONS C PREVING TO THE CONDITIONS C REVING T REVING	OF INJURY A.M. MONTH DA P.M. E OF INJURY IREET, FACTORY, OFFICE, FACTO	OPERATION AY YEAR 19 ARM. ETC. J	WAS PERFORMED ZIC HOW INJURY OCCURR ZIL LOCATION STREET	280 AUTOPSY? 280. IN C YES NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATI YES NO COUNTY ST COUNTY ST A thoreof the couses sto
	PART 2 OTHER SANII 19a DATE OF OPERATION 21a ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHEE AT WORK 22a I certify that (1) (1) sow the deceased oboye, (1) (we) I die	FICANT CONDITIONS COND	OF INJURY A.M. MONTH DA P.M. OF INJURY IREET, FACTORY, OFFICE, FJ whe deceased from y ofter deoth.	OPERATION AY YEAR 19 ARM. ETC. 1 DE	WAS PERFORMED ZIC HOW INJURY OCCURR ZIL LOCATION STREET	200 AUTOPSY? 200. IN C YES NO NO NO CITY OR IOWN 10 death occurred on the date and	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATI YES NO COUNTY ST COUNTY ST A thoreof the couses sto
MEDICAL	PART 2 OTHER SANII 19a DATE OF OPERATIO 21a ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHITE AT WORK NOTIFY MEDICA 22a I certify that (I) (tr sow the deceased above, (I) (we) (die 22b FREE 22y PHYSICIAN'S NAM DEBURIAL, CREMATION, RE	FICANT CONDITIONS COON 196 CONE RLYING 196 CONE RLYING 196 CONE LUSE OF DEATH LUSE OF PRINT ACCORDANCE LUSE OF PRINT LUSE OF PRINT ACCORDANCE ACCOR	OF INJURY A.M. MONTH DA P.M. COF INJURY IREET, FACTORY, OFFICE, F. The deceased from y alter death.	OPERATION AY YEAR 19 ARM. ETC. 1 Ond DE	WAS PERFORMED THE HOW INJURY OCCURR THE LOCATION STREET 19 that in (my) (our) opinion of GREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO NO RED (ENIER NATURE OF INJURY IN ITE. CITY OR IOWN 10 death occurred on the date one MEDICAL STAFF DIRECTOR PHYSICIAN	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY ST. COUNTY ST
MEDICAL	PART 2 OTHER SANI 19a DATE OF OPERATIO 21a ACCIDENT WAS UNCEFOR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE AT WORK AT WORK 22a I certify that (I) (the saw the deceased according to the deceased obove, (I) (we) (diceased obove, II) TORE 22a PHYSICIAN'S NAM	FICANT CONDITIONS COON 196 CONE RLYING 196 CONE RLYING 196 CONE LUSE OF DEATH LUSE OF PRINT ACCORDANCE LUSE OF PRINT LUSE OF PRINT ACCORDANCE ACCOR	OF INJURY A.M. MONTH DA P.M. COF INJURY IREET, FACTORY, OFFICE, F. The deceased from y alter death.	OPERATION AY YEAR 19 ARM. ETC. J Ond DE NAME OF CEA	WAS PERFORMED THE HOW INJURY OCCURRENT THE LOCATION SIREET THOSE IN THE METERS THE ATTENDING PHYSICIAN COMMENT THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS THE ADDRESS	200 AUTOPSY? YES NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY ST COUNTY ST The part 1 or part 2) COUNTY ST A hour and from the couses sto
WEDICAL MEDICAL	PART 2 OTHER SANII 19a DATE OF OPERATIO 21a ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILE AT WORK 22a certify that (I) (I) sow the decased obove, (I) (we) (dic 22b DEFECIENT) BURIAL, CREMATION, RE (SPECIENT)	FICANT CONDITIONS COND	OF INJURY A.M. MONTH DA P.M. COF INJURY IREET, FACTORY, OFFICE, F. The deceased from y alter death.	OPERATION AY YEAR 19 ARM. ETC. J Ond DE NAME OF CEA	WAS PERFORMED THE HOW INJURY OCCURE THE LOCATION STREET THE TOTAL TO THE	200 AUTOPSY? YES NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY ST COUNTY ST The part 1 or part 2) COUNTY ST A hour and from the couses sto



Lemmon-Mitchell-Wiedefeld W. Padonia Rd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

January 19, 1985 IF UNDER I YEAR

9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County

12h KIND OF BUSINESS OR

(TYPE OF WORK FOR MOST OF WORKING LIFE) Waverly Press

Baldwin, 21013 13e STREET ADDRESS / ZIP CODE Baldwin 4717 Carroll Manor Rd.

26 HOUR

IF UNDER 24 HRS

Fitzpatrick Baldwin, 21013

APPROXIMATE INTERVAL

IN CERTIFYING CAUSES OF DEATH?

COUNTY

and that in (my) (our) apinion death occurred on the date and haur and fram the causes stated

3313 Papermill Rd. Phoenix, Md.

24 FUNERAL DIRECTOR

FOR

REGISTRAR

- STATE

Baltimore Md. 25a. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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.3 1 magista			t.)		

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

REGISTRAR

DECEASED NAME LIVPE OR PRINT

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 5 DATE OF BIRTH MONTH 3, 1909 YEAR Apr. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED TYPE OF WORK FOR MOST OF WORKING LIFE 10 SEPT Housewife 21237 8517 Philadelphia Rd. 13c. CITY OR TOWN Balto. NO TX 15 MOTHER'S MAIDEN NAME MIDDLE Phoebe Wilson Stewart ADDRESS 17 INFORMANT 216-66-6530 Shirley Dahlstrom, Same as 13e ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

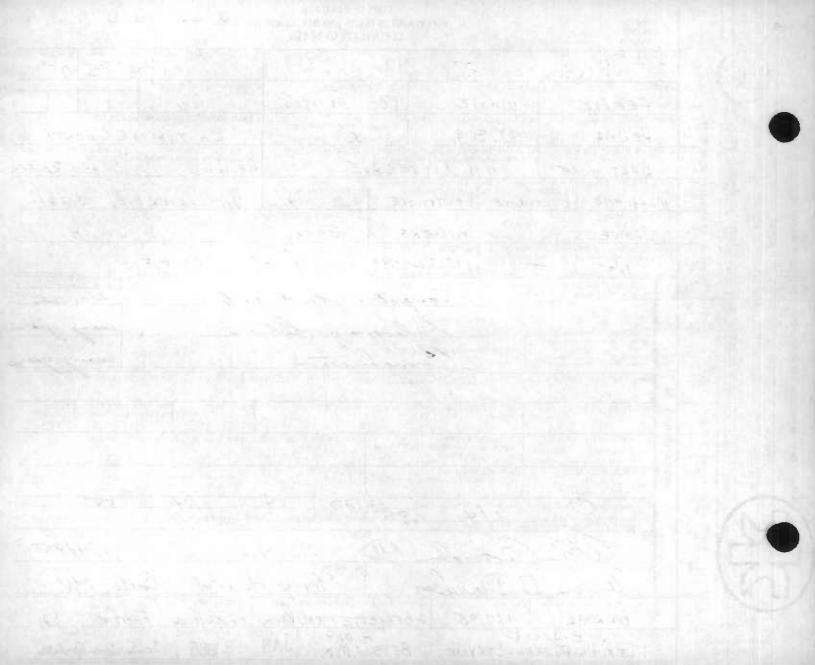
www. gon- fandell

White Female TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? U.S.A. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION USUAL RESIDENCE (# 136 COUNTY Balto. Md. FATHER'S NAME MIDGLE John WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 18 CAUSE OF DEATH (Enter only one couper to DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate couse (o), stoting the underlying cause lost. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY HOME STREET FACTORY, OFFICE FARM, ETC.) STATE T WORK NOT WHILE 220 I certify that Ille and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [MPORTANT. 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL Russellville, Pa. Burial 2-2-85 Beulah 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc., 5305 Harford Rd., Balto.

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1/2		- 1		FOR			DEPART	MENT OF H	EALTH AND MENTAL HY	GIENE O	63	0 -	3 7
No.			1 -	STATE				CEPTIE	ICATE OF DEATH				
,				REGISTRAR				CERTII	ICATE OF DEATH	REG.	NO.		
		- 1	1. DEC	EASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
1. "	r E		(TYPE	OR PRINT)	11		0	11-0			A. 1 11	100	40
-0 1	2.1			NU	Th		K	TU	(FCEF		0114	183	PM
/E W	0.0	- 1	3. SEX		14	RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST I	IRTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS
-	A			P-1			-		DAY YEAR	D	M	ONTHS DAYS	HOURS MIN.
- e	2.5			HEMALE		WHI	18	DEC	. 31,1906	/	YRS.	100	0.0
0	dir.		7a. BIF	RTHPLACE ISTATE OR F	FOREIGN 7h	CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE CITY		OF DEATH	
£.	2 2	76	C	OUNTRY)		100	2	MARRIE	D NEVER MARRIED	^		_	
o o	n 7			PENNA.	T 261	0.3	>, H.	WIDOWE	DIVORCED	DAL	TIMOR	ECOL	MO. MD.
70	3 f b.		10. CT	TY OR TOWN OF DEA	ATH 1	. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	126. KIND O	F BUSINESS OR
£	4 3 E	11		A :		(IF NOT IN SUC	H FACILITY GIVE STREET	ADDRESS)		TAPE OF WORK FOR MOS	OF WORKING LIFE	INDUSTRY	
0000	ileo no	16		DALTIMO	RE	1	11 (. LOV	ER A	NE	KETTRED		DCHOO	OLTEACHER
12	c e o		USUA	L RESIDENCE (IF NURS	ING HOME OR OT	HER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)					
4 h	lled bild by	25	13a. S		135 COUNTY		13. CITY OR TOV		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
Ž Š	100		11	ARYLAND	BALTI	more	BALTIM	ORE	YES NO	171164	OVER HI	1E, 2	1221
5 \$	sh sh		14 FA	THER'S NAME					15. MOTHER'S MAIDEN NA				
3	de de	20		A FIRST	MI	DOTE	A LAST		FIRST	WIDDLE		< EAS	T .
W P	on on	Just		DAMUEL			ROGER	5	EDNA			SMIT	H
m, S	5 10	1	16a W	AS DECEASED EVER	IN U.S. ARMI	ED FORCES?	166. SOCIAL SECT	JRITY NO.	17 INFORMANT , QO	N) ADD	RESS		
o ×	oge oge		{ Y	ES. NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	182 27	8181	JACK HARG	ED SAM	EAS# 1.	7	
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Te e	the the			18 CAUSE OF DEAT	H (Enter only	ane cause per	line for in) this as	od (r))				APPROXI	MATE INTERVAL ONSET AND DEATH
6 0	hys ovo			PART I. DEATH W	AS CAUSED	BY:		_	- 0 1	1 1		BETWEEN	ONSET AND DEATH
ST.	du de				IMMEDIATE	CAUSE (a)	Con	gestin	- heart	tarlene.		40	veeka
Z	ling or r						-	Same and	-			1	
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de ES	# > 0 5												
	0 0 0		- 1	Canditions, if any,	, which	(b)	- a	und	nary pet	war.		-	
PRESTON he death o	emo mot			gave rise to imm	mediote	(b)	7 0	tend	many fel	www.	200	-	7
W. PR	y the o			gave rise to imm cause (o), stotin	mediate ng the	DUE TO, O	R AS A CONSTI	ENCE OF	of Lie	- Come	(0)		
on W. PR	d by the o eose remo ol, cremot or other tro	3		gave rise to imm	mediate ng the	DUE TO, O	R AS A CO	ENCE OF	Tuelania			zna	y years
201 W.	ined by the or please remo puriol, cremot y, or other tro	100		gave rise to imm cause (o), stotin	mediate ng the last.	(c)	054	nek	NOT RELATED TO THE TER.	MINAL DISEASE OR CO	NDITION GIVE	N IN PART AT	y years
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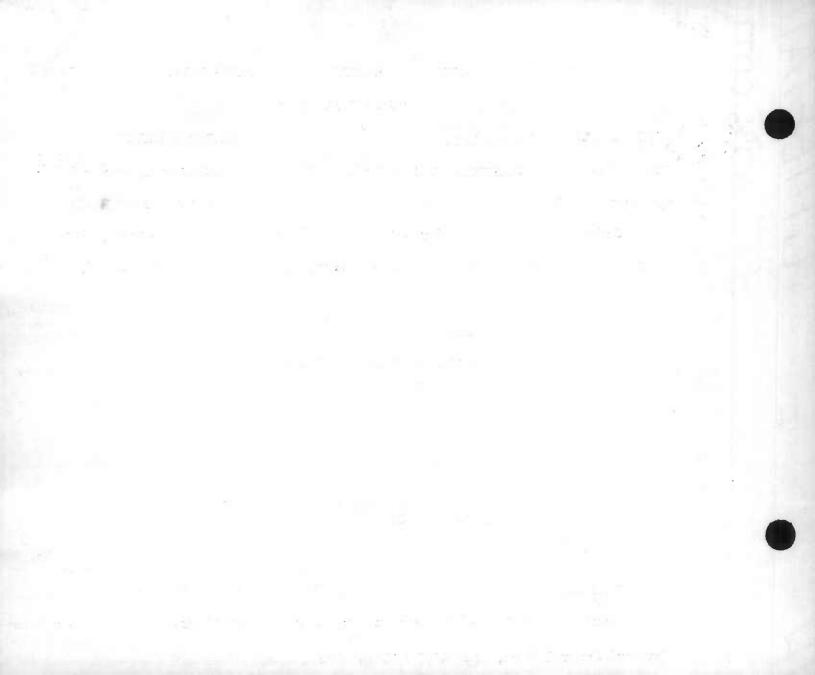


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People Po		IRTHPLACE (STATE OR FOREIGN OUNTRY) SERVIAN	76 CITIZEN OF	what country	MARRIED WIDOWEI	NEVER MARRIED	Baltimore city	_	PEDEATH	Y MD.
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TW. PRESTON ST hot the death seri- by the untending a use remore corbon L. creequing. or re- other traumptic ev-		Conditions, if any, which gave rise to immediate cause to stating the underlying cause lost.	DUE TO,	DR AS A CONSEOL DR AS A CONSEOL	OSetr	vetive PSI	nonay Dr	ease		
RDS, 201 requires the squared to the please to the broad, and the mediany, or s	NO	PART 2 OTHER SIGNIFICANT OF	conditions c		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 1/a	la .
AL RECO	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY? YES □ NO□	20b. IF YES, V IN CERTIFYII YES	WERE FINDIN NG CAUSES (IGS USED OF DEATH? NO
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	23a	BURIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	00	OUNTY	STATE
DHMH - 16 60M 1/75 (VR A 15 (4))	24 F	UNERAL DIRECTOR NAME CON	WELL !	ADDRESS 306		ACE JA	E REC'D. BY REGISTRAF	256. REGISTRA	AR'S SIGNATA	andre
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STATE OF MARYLAND

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att	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	YGIENE	REG. N	0	0 4	4
	1. DECEASED NAME	FIRST	MI	DDLE	Ł.	AST	2e. DAT	E OF DEATH	MONTH DAY	YEAR	2b. HOUR
deoth 3	(TYPE OR PRINT)	JAMES	Н	ENRY	HA	RMON			8, 1985		7:00 Pm
offer o	3. SEX	4	RACE		5. DATE C		6. AGE	(IN YEARS LAST BI		UNDER 1 YEAR	IF UNDER 24 HRS
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by the	2	1234	1	PERRIN	G PARKV		RSING	HOME		MAKER		HOM	E
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b and a		PIERRE	AAIC	DDLE	LAGNE	XIIX		FIRST		WIDDIE		JEVE	
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ond c Poges		NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	215-09-	77055	USAN	A. BI	DACZ8	101 BA	RKSD.	ALE R	D. 2120
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equires that the signed by the Then please rem ta burial, cremeningly, or other times.	ATION	ART 2. OTHER SIG	an	450	Sch	nec	Ci	whi o	resa	e de	C:	202	
Z on prior	3 5	DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATION '	WAS PERFO	RMED	70a AUTO			WERE FINDIN	
he hos	CERTIFIC								YES 🗌	NO	YES		NO 🗌
AN: T shysici ficate transi il Hyg	W 7	In ACCIDENT WAS UN	DERLYING	21b. TIME O	FINJURY		IE HOW IN	JURY OCCUR	PED LENTER NAT	HRE OF INTHERY IS	UTEM IN PART	LLORPART 2)	

MEDICA P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED COUNTY STATE STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 19. , that (I) (we) last 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an abave, (I) (we) (did) (did not) view the body after death. and that in (my) (our) apinion death occurred on the date and haur and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN 77e. ADDRESS 23d. LOCATION CITY OR TOWN 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23E. NAME OF CEMETERY OR CREMATORY BURIAL COUNTY STATE

MEM

DHMH - 16 50M 4/83 (VRA 15, 4)

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FUNERAL DIRECTOR: After

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OR ATTENDING

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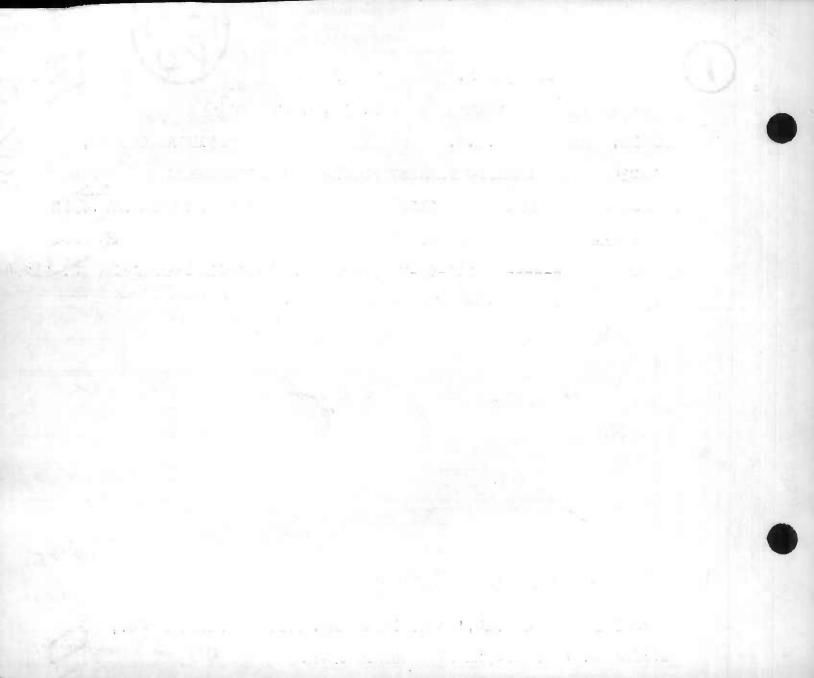
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25a. DATE REC

BALTIMORE

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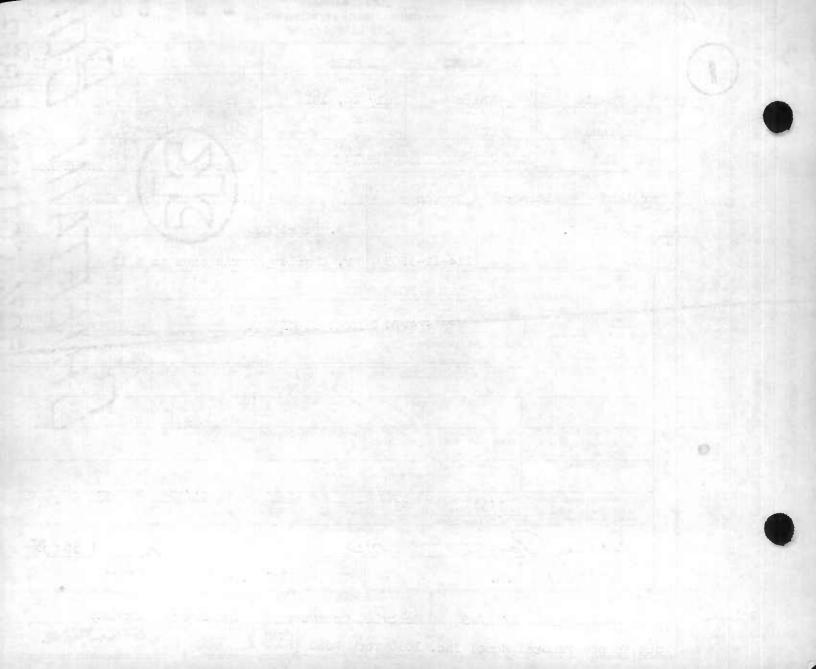


4	FOR - STATE			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	HENE 8 5	0 0) 4	4 3
	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO			
	PECEASED NAME	FIRST		MIDDLE		AST .	20 DATE OF DEATH		YEAR	2b. HOUR
	FE OR PRINTS	NOI	RMA 1	LENTZ	H	ARRIS)1 30	85	11:15 ^A
3 S	EX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	IDER I YEAR	IF UNDER 24 HRS
	Female		Wh	ite	July	20, 1919	65	YRS	JA13	1100kg Milk
70	BIRTHPLACE (STATE OR	OREIGN		WHAT COUNTRY?	8		9. BALTIMORE CITY OF		DEATH	
	Maryland		US	2\	WIDOWE	DEVER MARRIED DIVORCED DI	BALTIMORE	COUNTY.		
10.	CITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	DN 1:	b KIND C	F BUSINESS O
7	TOWSON		GREATE	RBALTIMO	REME	DICAL CENTER	Executive	WORKING LIFE)		urance
USI	UAL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				LIIS	urance
	STATE	13b COUN		13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /		21204	
	Maryland FATHER'S NAME	Balt	imore	Towson		YES NO XX	1614 Alsto	n Road	21204	
1	FIRST		AIDOLE	LAST		FIRST	MIDDLE		LA	51
4	Leonard was deceased ever			16b SOCIAL SECU	DITYNO	M. Pearl I	ADDRE	\$5		
160	(YES, NO OR UNKNOWN)		WAR OR DATES							
	No			214-12-3	509	Mr. Charles	<u>Harris same</u>	as # 1		IMATE INTERVAL ONSET AND DEATH
CERTIFICATION		lost.	(c) ONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	20b. IF YES, WI	ERE FINDI	NGS USED S OF DEATH?
1 2							YES NO	YES [NO 🗌
MEDICAL CE	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A	.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	Y IN ITEM IB PART I	OR PART 2}	
MED	21d INJURY OCCUR WHILE NOT WE AT WORK AT WO		(AT HOME ST	OF INJURY REET, FACTORY OFFICE, F		STREET	CITY OR TO	9-5-4	COUNTY	STATE
	22a 1 certify that (1) saw the deceas above, (1) (we) (1) 22b SIGNATURE	ed blive bil.			85	nd that in (my) (our) apinion DEGREE		, 17	d from the	that (1) (we) lo couses stated SIGNED
	22d PHYSICIAN'S N		Sapp	as).	m	ATTENDING PHYSICIAN [MEDICAL STAF		1-	30-85
	DIANE P						N. CHARLES	ST 212	04	
230	BURIAL, CREMATION, (SPECIFY) Cremat		23b. DATE			emetery or crematory	23d LOCATION CITY OR TOWN Baltimor	e Mary	land	STATE
24.	FUNERAL DIRECTOR	1011	. 1	ADDRESS		ork Road FEE	TE REC'D. BY REGISTRAR	SUREG MRAP	SSIGN	ander

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

Ruck Towson Funeral Home, Inc. 1050 York Road



6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 2121

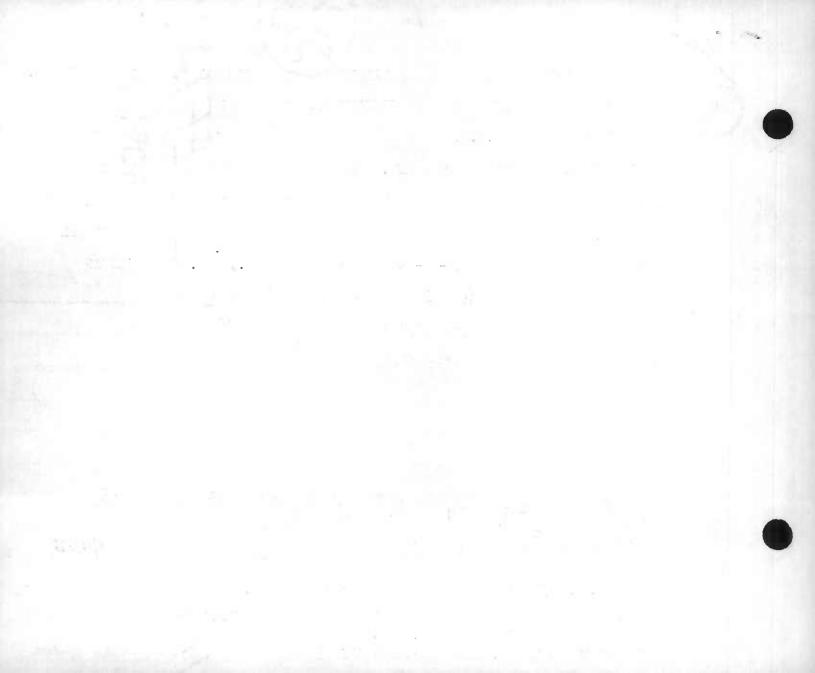
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(VRA 15. 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Julia Davidson



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(VRA 15, 4)

STATE OF MARYLAND

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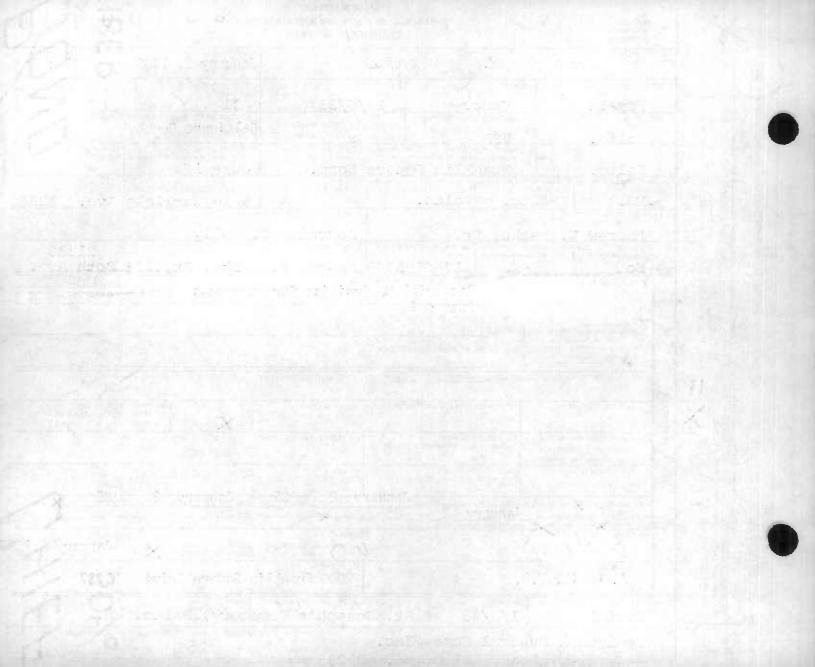
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page 3		CEASED NAME SINKST	ocd S.	Har	tzell	20. DATE OF DEATH	MONTH DAY	85	26 HOUR &
ctor, pa	3 SE	MALE.	White	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	YRS		HOURS MIN.
77. hour	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRI	ED NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY O		
a din	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	E STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
CAT	TISU	imonium AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU d BA	NTY 13t CITY O	E BEFORE ADMISSION	113d INSIDE CITY LIMITS?	Lineman Fo		Gas &	Elec. C 21093
人開光		ATHER'S NAME	Lto. Timo	onium sr	YES NO XX IS MOTHER'S MAIDEN NA. FIRST	7 Dalecre	est Cour	t Apt	
d comples I not		Walter W. Har	RMED FORCES? 166 SOCIA	A SECURITY NO.	Ann 17 INFORMANT		ESS		
ificate be execu physician and c nadpers. Pages maval.		VES NO OR UNKNOWN) (18 YES, G	IVE WAR OR DATES)	05 5799	Myrtle E. H	artzell	same		ATE INTERVAL
requires that the death consigned by the ottending of tabunal, cremotian, or tabunal, cremotian, or y injury, ar ather traumotian,	TION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT Bone me	tastases	ISEQUENCE OF	T NOT RELATED TO THE TERM				
No. The law r hysician. Icote has bee ransit permit. Hygiene prior	CERTIFICATION	IN DATE OF OPERATION		WHICH OPERATION	ON WAS PERFORMED	VES NO	IN CERTIFYIN	G CAUSES O	SS USED OF DEATH?
SICIA og pl certif rigl-t rigl-t entol	MEDICAL CE	214. ACCIDENT WAS INDESCRIBED DECONTRIBUTING. CAUSE OF D JE STIME, NOTES WIDICAL EXAMINA 214. INJURY OCCURRED	HOUR A.M. MONT	H DAY YEAR	THE HOW INJURY OCCURS	RED TENTER NATURE OF WILL	R1 19(17) to 18, 11, 11 and 1	CHA-MISS	
after frer th as the hand orked o	MED	WHEE THOUGH THE THOUGH	ZIE-PLACE OF INJURY	DHICK FARM ETC.)	TH COCKTON	City On 10	10070	COUNTY	STATE
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ITAL OR A by the has RAL DIREC edetoched Stote Dept. NT. If Item		** KFa	ulkner	m	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	1221 DATE SI	185
TO HOSPITAL retained by the TO FUNERAL should be determined by the Stote with the Stote IMPORTANT.		FAULKN	ORPRINT)		Boltomo	Dulaneu C, Md (Valle	64	
BP		Burial, cremation, remova SPECIFY) Burial JNERAL DIRECTOR	01/18/85		Valley Mem.	23d LOCATION CITY OR TOWN Cockeysvi E REC'D. BY REGISTRAR	lle, Ba	OUNTY 1to C	o. Md.
TVRA 15, 4)		Burgee-Henss	Funeral Home,	3631 Fa			Julia Da		andelle

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8	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5	0 0	4 4 8
(A)		CEASED NAME FIRST SUSAN	M.	Hayoste	k k	January 2,		26. HOUR 10:30a _M
	3 SEX		4. RACE	S. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS	TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
Poge direct sours	7a DI	Female RTHPLACE STATE OR FOREIGN	Cauc.		/6/53	31 9. BALTIMORE CITY OR	COUNTY OF DEA	TH
neral of the party		Balto.	USA	MARRIE	D NEVER MARRIED DIVORCED	Baltimore C		MD.
officed with	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N IN NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		12a USUAL OCCUPATIO		IND OF BUSINESS OR
urs cours of file	USUZ	Balto. AL RESIDENCE (IF NURSING HOME O	Franklin	Square	Hosp.	Housewife		
ND 21 ho 24 ho ould be ould be		STATE 136. COU		TOWN	136 INSIDE CITY LIMITS?	9019 Carl		ve. 21236
PRESTON ST., BALTIMORE, MARYLAND 2120 he death certificate be executed within 24 hours he attending physicion and completely filled in by emove carbon papers. Pages 1 and 2 should be fill motion, or removal.	14. FA	THER'S NAME FIRST	acke, Sr.	51	IS. MOTHER'S MAIDEN N FIRST Lorraine	AME		LAST
K. S.	Ióa. V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRES	S	21236
MORE, and c. Pages	1	YES, NO OR UNKNOWN)	VE WAR OR DATES)	60-5385	Andrew W	Hacke, Sr	4234 5	
ALTIN te be pers.			nly one cause per line for (a) (b) and (c))	Andrew W.	Hacke, DI	14234 D	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
phys phys pop movent,		IR CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	TE CAUSE (a) Bacter	rial Men	ingitis; Stre	eptococcus.		,
S S S S S S S S S S S S S S S S S S S	18	IMMEDIA	DUE TO, OR AS A CON	onia		1		
STO death trenk ve co		Conditions, if ony, which	(b)	SCOOLINCE OF				
W. PRE		gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF		Marie Marie		
DS, 201	N N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN P.	ART Ita
DIVISION OF VITAL RECORDS, 201 W. ING PHYSICIAN: The law requires that the orthodrog physician. After this certificate has been signed by the ost the buriol-tronsit permit. Then please the not Amental Hygiene prior to buriol, created or them.] B shows any injury, or other orked or them.] B shows any injury, or other	CERTIFICATION	196. DATE OF OPERATION	1%. CONDITION FOR W	HICH OPERATIC	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH?
DF VITA IIIAN: TI physical difficate of-tronsition for Hygin		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH		21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 ORP	ART 2)
HYSIG Iding Ins ce burio	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION		N (OU	
VISION OF PHEN THE CONTRACT OF	M	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TOW	N COU	NTY STATE
Se ostan		220.1 certify that %(this hasp	ital) attended the deceased	_{from} Janua	rly 2 , 19 85	January	2 . 19 8	that X (we) last
TTEN Prital TOR for w of His		sow the deceased alive or	W 10 1 1 W 10 1 / 1	OL	nd that in 🏈 (our) apinion	n death accurred an the dat	e and haur and fro	om the causes stated
hos hos beept.		THE SIGNATURE	V		DEGREE			DATE SIGNED
AL DAL Date of Tr. #		of Heal	A	/	U. ATTENDING PHYSICIAN	MEDICAL STAFF	ANX U	anuary 2,198
O HOSPITAL etained by 11 TO FUNERAL thould be det with the Stote		A. Labib, M			9000 Frank	lin Square Dr	ive 21	237
De De M	23a 8	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY			
BP		Burial	1/5/85	St. 3	Joseph's Ce	metery, Ba	lto.,Md	• STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FI	Schimunek F	uneral Home	pess Inc.	25a P2	ATE REC'D. BY REGISTRAR 2		IGNATURE



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200	S#)			4 RACE	1DA L	HE	RTRICY		W 111 10 FD 0 4 11	DEATH N	ATED Gna	11/2/1085	J PM
2 4		3 SEX	F	W	MONTH DAY	ROS VEAR			HOURS MIN	PRONOUNG DEAD	Januar	W 2/1085	536
GESSAR WERALI OR YO	NES 2	7a. BII	RTHPLACE (S	TATE OR		HAT COUNT	DVO I	ARRIED NEVI	ER MARRIED	9 BALTIMO		HTY OF DEATH	
NECESSA FUNERAL 5 FOR Y		K	ARYL	AND	U.	S.A.		OWED [DIVORCED	USUAL OCCUPA	TIMORE	COUNTY	
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Z Z	SECOND SE	USUA 13a. S1	L RESIDENCE		OR OTHER INSTITUTION, G	INE RESIDENCE BE	FORE ADMISSION	13d. INSIDE CITY	Y LIMITS? 13e.	STREET ADDRESS	5		
IF ANY E AND 3	1 400		Mo.	BI	ALTO.		LTO.	YES 🗌	NO X	7803 T	TLMON"	AVE. 2	1234
ORE, MD DEATH. AGES 1, 2	NA A	I4 FA	FIRST A	DAM H	ERTRIC	LA	ST	15 MOTHER		HERINE		TTUER	
E E E	T. PAGES 1 DIVISION O	16a. W		DEVER IN U.S. AR		16b. SOCI	07-189	7 Nuc X			ADDRESS		1234
TAL RECORDS, 201 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOUR RD "PENDING" IN PENCIL IN ITEM 18, HIEF MEDICAL EXAMINER, ALONG W	AS A BURIAL- TRANSIT PERMI EAITH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	MEDICAL CERTIFICATION	PART I DE Condition gove ri couse (a lying cau PART 2 OTHER SI 19a. DATE OF	ATH WAS CAUSE IMMEDIA IMMEDI	CONTRIBUTING TO DEATH 21b TIME O HOUR SM	BUT NOT RELATE TION FOR W TION FOR W TION FOR W	EQUENCE OF EQUENCE OF TO THE TERMINAL OF HICH OPERATION DAY YEAR TO TO THE TERMINAL OF THE TERMINAL OF	SEASE OR CONDITION WAS PERFORM LEFT HOW INJURY CO 18037	AED?	dial a they always one of Are Agreement	Balto	20 AUTOPSY? YES COUNTY TO	
BP DHM (VR A1)	TO FUNERAL DIRECTOR. AFIER DEATH, WITH THE BALTMORE, MARYDAND	23a. Bl (S	ACTUAL SIGNATURE: EXAMINER'S (TYPE OR PRI	NAME NT) TION, REMOVAL	ge of the remains de prol causes	Accident 2	Suicide	ADDRESS	RY 23	Inquiry Lindetermined months MEDICAL EXAMIN M	NER SIG	-1	

HOBITARH L. J. ROA F W 205-1908 76 A PARTIMONE COUNTY Magrand USA CHARLES TO STATE CONTRACT STATES Ms but Back A 796 Teman Ave 11-19 нэцатаэр мааА hants and I make and a farth the sense The section to death the second A STUD The set theme with the wife to the town my 18/12/ Busine Land Camp Camp - Bacca Ma to the Land Color of the Color

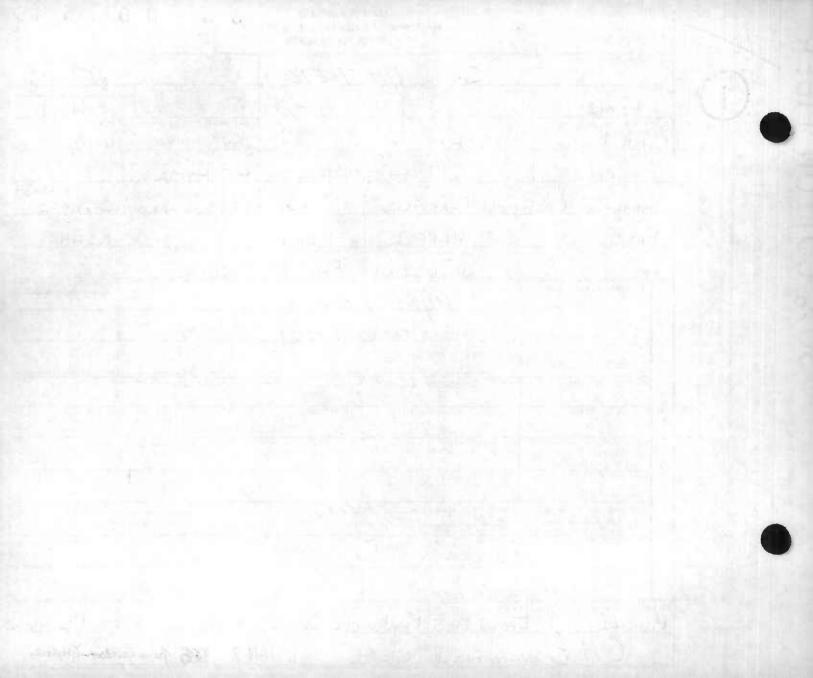
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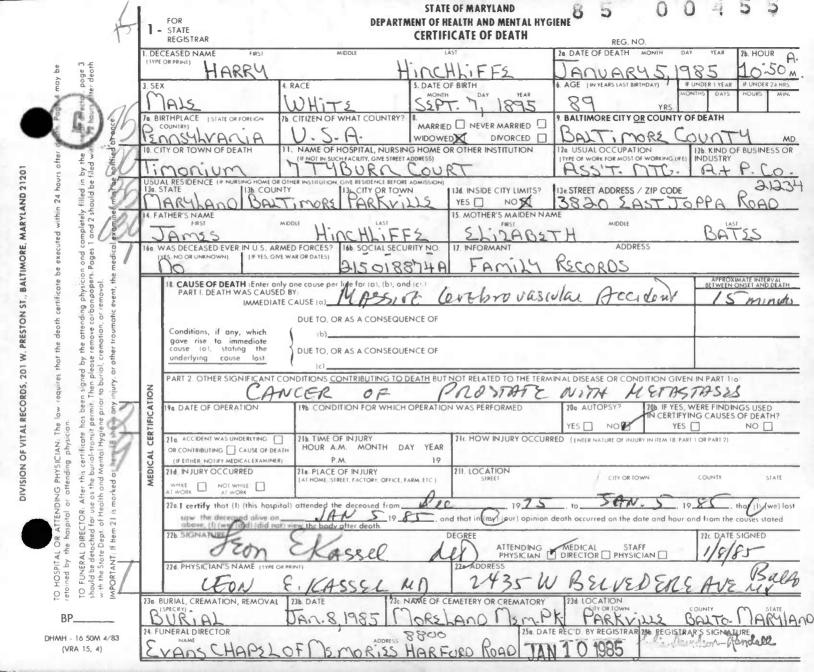
STATE OF MARYLAND	8	ray.	1)	U	24	
MENT OF HEALTH AND MENTAL HYGIENE	-		-			
CERTIFICATE OF DEATH						

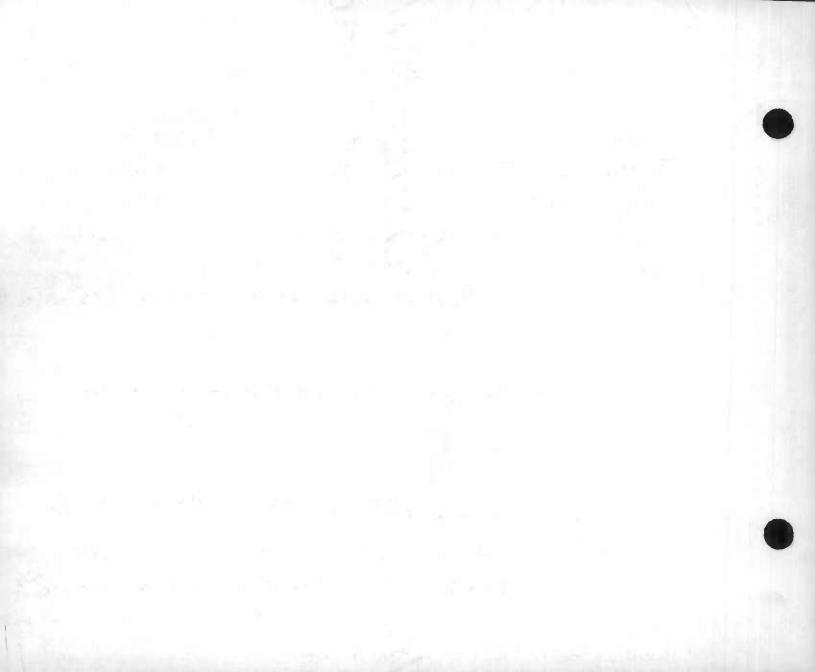
	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.		
	I. DEC	CEASED NAME FIRST		MIDDLE	t.	AST	20 DATE OF DEATH MONT	H DAY YEAR	26 HOUR
		F=Millets LILL	IAN	E. HE	YDE		January 29,	1985	5:45 p
М	3.5E)	X The second	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
1	1	Female	Whi		July	2, 1901 YEAR		YRS MONTHS DAYS	HOURS MIN.
Z		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
2		MD	US		WIDOWE		Baltimore		MD.
1	10. CI	TY OR TOWN OF DEATH Parkville		H FACILITY, GIVE STREET	DDRESS1	a Home	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WOR Homemaker	KING LIFE) INDUSTRY	Home
7	USUA	AT RESIDENCE (JENURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				TIOTHE
9	30. 5	MD 13 COUR	NIY .	Balto.	N	13d INSIDE CITY LIMITS? YES₩ NO [13e STREET ADDRESS / ZIP 6401 Loch F	code Raven Blv	d. 21239
2	I LEA	ATHER'S NAME	MIDDLE	LAST	2744	15 MOTHER'S MAIDEN NAM	WE	LAS	ST.
K,	V .	Clarence		Foster		Emma	· · · · · · · · · · · · · · · · · · ·	Bowe	
17		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
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	3	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	TE CAUSE (o)	CAPTOTUC	ana	acute alm	I failure	BETWEEN	IMATE INTERVAL ONSET AND DEATH
		Conditions, if any, which	(b)_	R AS A CONSEQUE	,		V		
		couse (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	6/	ma			
	NOI	PART 2 OTHER SIGNIFICANT	chach	COL	CEATH BUT	11-0 2 4	INAL DISEASE OR CONDITIO	N GIVEN IN PART 1	a
2	CERTIFICATION	90 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDII CERTIFYING CAUSES YES	
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		27x I certify that (I) (thenberg saw the deceased alive or above, (I) property (side no		28/4	85 8/	od that in (My) but opinion of	death accurred on the date or	ndhaur and from the	that (I) (we) last causes stated
		776 SIGNATURE	moun	y	المراح	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1/3	SIGNED
All	-	VUONG	NOU	YEN		63311 Belo	en Red Ber	ch Mdz	1206
		BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
		Burial	2/2/			S Cemetery		County,	MD
	24. FU	uneral director Henry 4905 York Ro		enkins & ilto., M[21212 FE	E REC'D. BY REGISTRAR 256. R	Jan don-	Section .
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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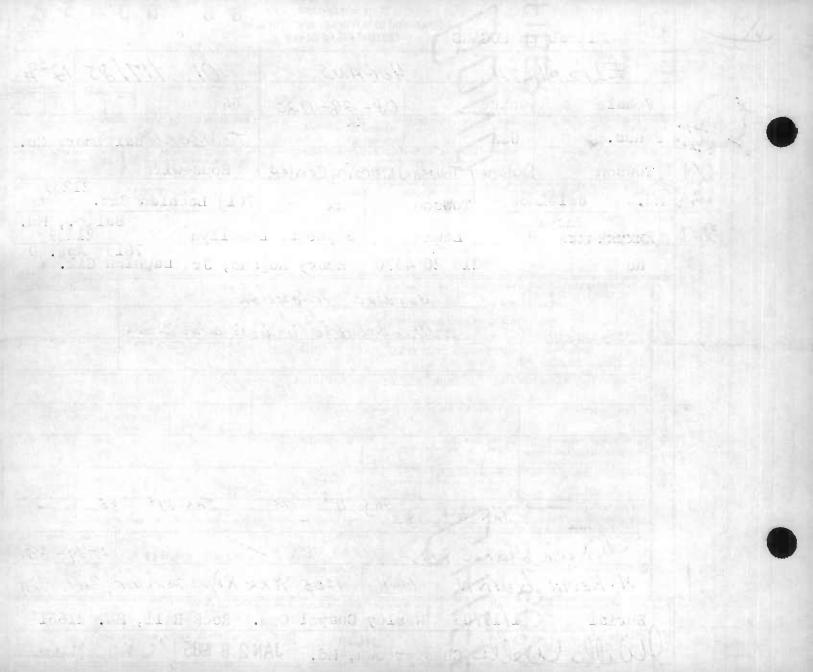




	1.05	REGISTRAR CEASED NAME	FIRST	WIDDLE		E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	REG. N	NO. MONTH DAY YEAR 2
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	3. SE	×	4 RA	CE	5. DATE O	OF BIRTH H DAY YEAR	6. AGE JIN YEARS LAST BI	IRTHDAY) IF UNDER 1 YEAR III MONTHS DAYS F
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- 15	-	Burial	1/19/85	Wesley	Chapel Cer		lall, Md.	
A 4/83	24	NERAL DIRECTOR		DRESS 2			25h REGISTRAR'S SIGN	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG - STATE REGISTRAR DECEASED NAME KNOWN 20 DATE (TYPE OR PRINT) DEATH MATEL HOWARD DATE PRONOUNCED 60 MALE WHITE 05 In RIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED BALTO COUNTY Balto.Md. USA DIVORCED WIDOWED CHILD OF BUSINESS TO LERK BOAT Q TO THE OF WORK TO LERK BOAT Q ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WINCEXXRRESXMERNX Manufacturing JOSEPH HOSP TOWSON USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTO MD TOWSON NOXIX 605 PICCADILLY RD 21204 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Wright Holland, Sr. Howard Agatha Mabel 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 220-14-1089 Mrs. Leah Holland 605 Piccadilly Rd. Towson Yes WWII 18 CAUSE OF DEATH (Enter only one cause per line for to PART I DEATH WAS CAUSED BY neard12 Canditions, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 IN CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 2 Ib. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN Autapsy 720 I certify that I taak charge of the remains described above, held an Inspection and in my apinian death resulted fram: Natural causes Mamicide Undetermined manner Dr. Charles F. O'Donnell 7501 York Road EXAMINER'S NAME TYPE OR PRINT) 0 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Jan. 25, 1985 Greenmount cem. Crematory Balto. City Cremation BP Md 24 FUNERAL DIRECTOR **DHMH - 17** Mitchell-Wiedefeld Home 6500 York Rd.Bal.Md. (VR A15 ME (5)) 20M 4/B2

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DIVISION OF VITAL

Here T. Haw Hallinger Mary graff Durdalk 25th Eastpoon Mursing Home Maryland Cally of Calfact Calf -market district 2-22 1 215-22-2894 to the feel filters, 727- The file of SEASON CONTRACTOR STORY



within 24 haurs after death. Page

death certificate be

STATE OF MARYLAND

CEPTIFICATE OF DEATH

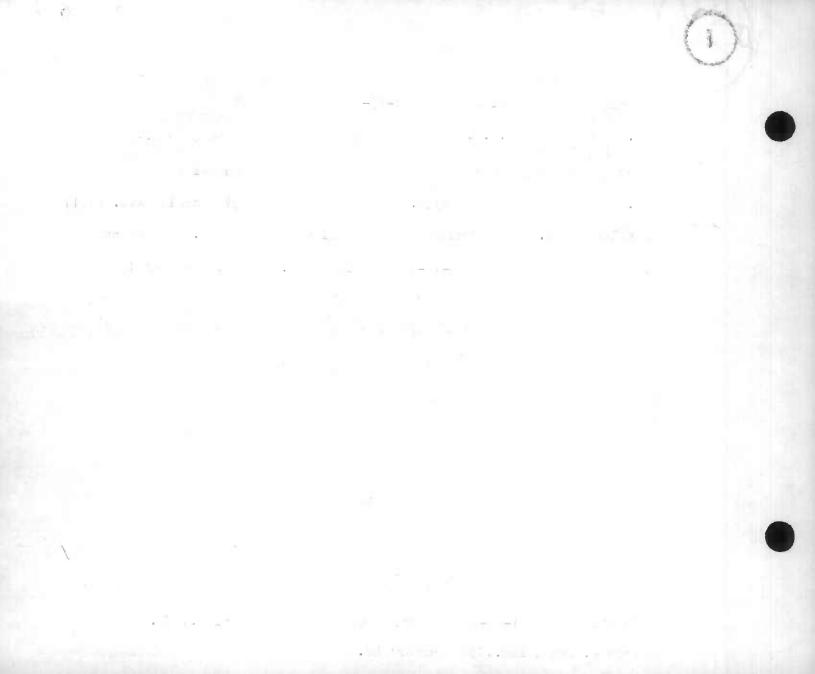
	FOR STATE REGISTRAR	DEPAR		IEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	o.	
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	1	LAST	20. DATE OF DEATH	MONTH DAY YEAR	76. HOUR
1	Ruth	\mathbf{E}	Но	over		1-21-85	6:00am
1	3. SEX 4	RACE	5. DATE (6. AGE (IN YEARS LAST BIR	(HDAY) IF UNDER 1 YEAR	R IF UNDER 24 HRS
1	Female	White	1-93	-1907 YEAR	78	YRS.	MIN.
1		b. CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
7	Md.	U.S.A.	WIDOW		Baltimore	County	MD.
7	M. CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	17a. USUAL OCCUPATION	ON 126. KIND	OF BUSINESS OR
	Towson	St Joseph Ho	spital		Housewife		
	USUAL RESIDENCE (IF NURSING HOME OR OF 130 STATE TO COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEF IY 130. CITY OR TO Balto	NWN	YES 🗶 NO 🗌		ZIP CODE ley Ave. 21	214
d	4. FATHER'S NAME	IDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		AST
4	Charles E.	Haughey	7	Elizabeth	C.	Burgan	
	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS	
1	No	220-12-	-7793	Eleanor M. H	oover, Sam	e as 13e	DXIMATE INTERVAL
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO	rc su	70	K,	inal disease or conf	DITION GIVEN IN PART I	
4	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIC	ON WAS PERFORMED	YES NOT	IN CERTIFYING CAUSE	ES OF DEATH?
		TIB. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	EY IN ITEM 18 PART 1 OR PART 2}	
	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d NJURY OCCURRED WHILE NOT WHILE ALWORK ALWORK ALWORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E. FARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	270.1 certify that (I) (this hospite saw the deceased alive an above, (I) (we) (did) (did not) 27b. SIGNATURE	1-21 view the body ofter death.		nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN COMPANY OF THE PHYSICIAN COMPANY OF	MEDICAL STAI	III. DAT	20/85
1	230 BURIAL CREMATION, REMOVAL (SPECIFY)			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
ļ	Burial	1-24-85	Parkwo			Md.	
	Leonard J. Ruck,	Inc.,5305 Har	ford R		N 2 2 1985	256. REGISTRAR'S SIGNA Julia Davidson	ATURE Randall

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

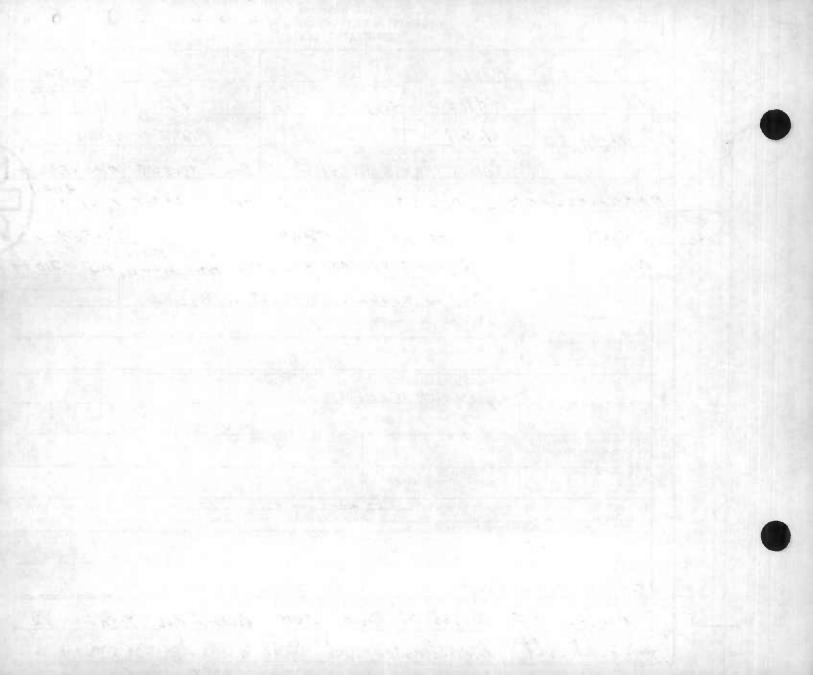
TO FUNERAL DIRECTOR. After this certificate has been

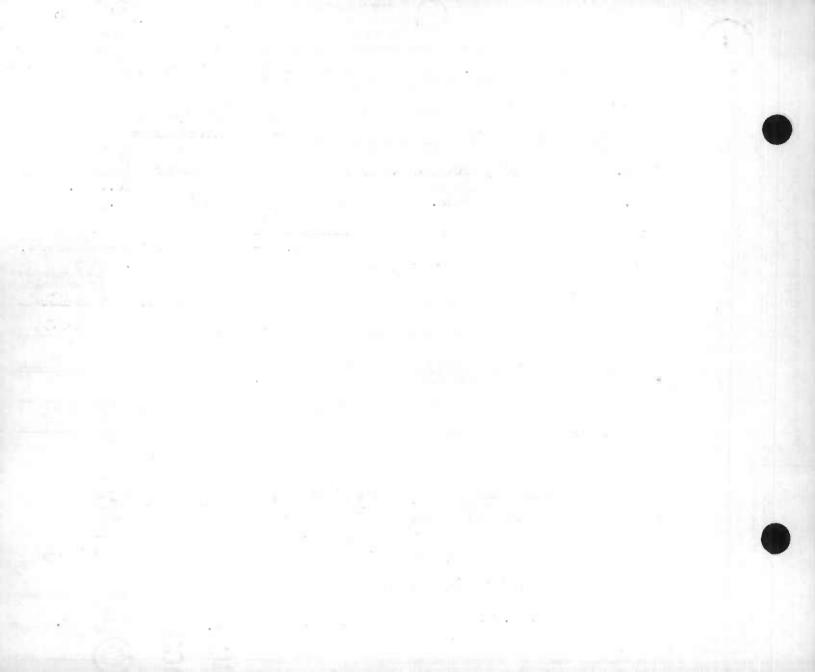
should be detached for use as the burial-transit permit. Then please remove carbainpapers with the State Dept of Health and Mental Hygiene priar ta burial, cremation, ar remaval. IMPORTANT: If them 21 is marked ar Item 18 spays any injury, ar other traumatic event, th



In the sector of Contract Contract Contract of your trained and services Sife was Farmer than I was a second of the beauty ends farmed House their

6	#	1.	FOR - STATE	ı	EPARTMENT OF	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5	004	6 4
	-0.0		REGISTRAR				REG. NO		
			CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH A	MONTH DAY YEAR	2b. HOUR
	20 400		RAY	MERLIE	HO	uck		1 26 85	8:05 PM
	60 00	1.5E	X	4 RACE	5 DATE (6. AGE IN YEARS LAST BIRTH		IF UNDER 24 HRS
	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/	MARE	WHITE	SEP)	7, 1918	66	YRS MONTHS DAYS	HOURS MIN
	1 1/6	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR		
-		PE.	MNSYLVANIA	4.5/1		DIVORCED [BALT	O. COUNTY	MD.
	1 1 30	10 C	ITY OR TOWN OF DEATH			OR OTHER INSTITUTION	12a USUAL OCCUPATIO	ON 12b. KIND C	OF BUSINESS OR
5	10	J	OWSON /	STELLA	MARIS 1	HOSPICE	TOOL GRINS		4 FARTURUS
ND 21	1 11 80	30.	AL RESIDENCE (IF NURSING HOME COU STATE 136 COU	PROLL M	OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE MILI	21107
4	1 17	IJ. F.	ATHER'S NAME			15. MOTHER'S MAIDEN NA			71.5
et et	1 11/4/	V	PROVER	MIDDLE	LAST V	FIRST	MIDDLE	6101 = LAS	1
2	1 12	14- 1	WAS DECEASED EVER IN U.S. A	DATE FORCESS THE SOC	IAL SECURITY NO.	17 INFORMANT	ADDRES		GANG
OR	1 75 67	100		IVE WAR OR DATES)		17 INFORMANI	4008	SHILOH	AVE
2			No	219-	01-0189	MARY HAMIL	TON HAMPS	TEAD, MD.	21074
N.	4 247		18 CAUSE OF DEATH (Enter of	inly one cause per line for it	i, (b), and (c)			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
100	frice phy phy mov ent		PART I. DEATH WAS CAUS	ED BY:	en m,100	alandilar.	Tie Rive	rdas)	
57	200	9	IMMEDIA	TE CAUSE (a)	to magaz	Julyers	CANCE TO THE	4000	
0	4 680 1		AND STREET	DUE TO, OR AS A CO	DNSEQUENCE OF				
SES	B 10 0 0		Conditions, if any, which gave rise to immediate	(b)					
3	to the the common of the commo		cause (a), stoting the underlying cause last	DUE TO, OR AS A CO	ONSEQUENCE OF				
50	1 111		PART 2. OTHER SIGNIFICANT		ING TO DEATH BUT	NOT PELATED TO THE TERM	AINIAI DISEASE OR COND	ITION CIVEN IN BART 1:	
So	日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	20	ANT 2. OTTIER SIGIALICANT	CONTINONS CONTRIBOT	1	A . I . "	WINAL DISEASE OR COIND	HION OWEN IN PART II	d
80	1.01		190 DATE OF OPERATION	Maligna	T CAC	Reyca	20a AUTOPSY?	20b. IF YES, WERE FINDI	NOC HICE
REC	9 4 6 6	HCA	190 DATE OF OPERATION	198 CONQUION FOI	WHICH OPERATIO	N WAS PERFORMED	ZUG AUTOPST	IN CERTIFYING CAUSES	
4	46 4444	Ē					YES NO	YES	NO 🗌
5	Z T O D T W	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
8	97 395 1	Z	OR CONTRIBUTING CAUSE OF DE		19				
NO	S 4 5 4 5 1	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJUR	Υ	211 LOCATION			
DIVIS	NO Pa	W	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTOR		STREET	CITY OR TOW		STATE
	O T S T S		22a.1 certify that (1) (this hasp	oital) attended the decease	ed from	22 19 85	- 10 1-26	19 85	that (I) (we) last
-	#1 235 a		saw the deceased alive o	at) view the bady after dea	19, a	ad that in (my) (our) opinian	death accurred on the dat	e and have and from the	causes stated
	A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		22b SIGNATURE 2	- O		DEGREE		22c. DATE	SIGNED
•	0 1 0 20 2		XI	50110k10	MI	ATTENDING	MEDICAL STAFF		
	1 4 2 3 3 4		22d. PHYSICIAN'S NAME ITYPE	OP PRINT)		22e ADDRESS	DIRECTOR PHYSICI	ANL	
	HOS HOS						(a	CUM	
	04 04 4		KENDALL R. T	HULKNER			LANEY VALL	ry RU.	
	bi baral		BURIAL, CREMATION, REMOVA		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	11014111	
	BP		BURAL	JAV 30 198	5 51. De	UID CEM.	PLEASANT HIL	4 YORK	Pa
		24 F	UNERAL DIRECTOR	. 0	. 1		TE REC'D. BY REGISTRAR 2	Sb. REGISTRAR'S SIGNAT	TURE
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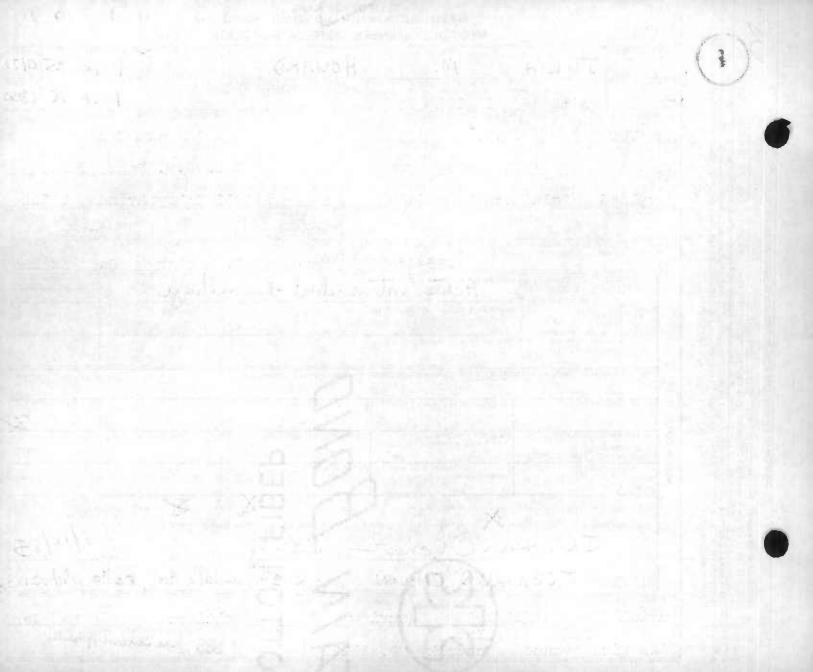


12.7	P	O.D.
	ITALOR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter dec by the hospital or attending physician.	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	4YS	5 C
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	ON -	RAL DIRECTOR: After this certificate has been signed by t
	TTE	01.
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	he O	0
	ITAL OR ATTENDING PHYSICIAN: The Iby the hospitol or ottending physician.	RA.

	The state	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	Q) 4;	6 6
(1)			OR PRINT) CHARLE	S E. I	HOWARD,	ID	20. DATE OF DEATH	1 30	1 85	26 HQUR 2:30A
[[]		3 SE:		4 RACE	5. DATE O		& AGE LIN YEARS LAST BIRTH		NDER I YEAR	IF UNDER 24 HRS
ge 4		0 00	MALE	White	MONTI		47	YRS	HS DAYS	HOURS MIN.
leoth. Pour in 72 hou	26	Ma	ryland	U.S.A.	ITDV2 8	DEVER MARRIED	BALT I MORE			MD.
s offer d by the fu	logitime of		TY OR TOWN OF DEATH	GBMC -670			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Self-emplo	WORKING LIFE)	NDUSTRY	F BUSINESS OR
n 24 hour	on some	13a. S	AL RESIDENCE (IF NURSING HOME OR CITATE 136, COUN Aryland Balti	TY 13c CITY O	e before admission) R TOWN rville	YES NOX	138.STREET ADDRESS / 316 Starl		lace	21093
l within pletely and 2 sl	30			AIDDLE LA		15 MOTHER'S MAIDEN NAM	WIDDIE		LAST	
com s lo	0		narles VAS DECEASED EVER IN U.S. ARA		ard, Sr.	Sara 17 INFORMANT	May	S	Crai	nston
Poge	medico	_Nc)	war or dates) 212-3	8-2282	Doris V. Howa	ard - Same a	ıs #13e		
es that the death certifical led by the attending phys please remove carbon pop	, or other froumotic event,		IS CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (o), storing the underlying couse lost PART 2. OTHER SIGNIFICANT C.	DUE TO, OR AMEGEN (b) DUE TO, OR AS A CON (c)	SEQUENCE OF	LUNG CA		NTION GIVEN	7 1	MIN. MONTHS
he low require hos been sign permit. Then	2 Julian American	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V			200 AUTOPSY? YES NO X	20b. IF YES, WI	ERE FINDIN	IGS USED
CIAN: TI g physicic entificate iol-transit ntal Hygin	9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		H DAY YEAR	21c. HOW INJURY OCCURR		IN ITEM 18 PART I	OR PART 2)	
offending offer this cost the burner of the	rkedorn	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY		21f LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
spitol or CTOR: A I for use	om 81 17 16		22a I certify that (I) (this hospit- sow the deceased alive on above, (I) (we) (did) (did not	1/30	×L.	nd that in (my) (our) opinion o	death occurred on the dol	19_ te and hour and		that (1) (we) lost couses stated
by the hore terms of the hore of the botton of the botton of the best of the b	La Hea		226. SIGNATURE . Mu	yen.	,		MEDICAL STAF	an I	22c. DATE :	SIGNED
etoined by TO FUNERA should be de	A CK		D. ME YER, M. [486		1 N.CHARLE	S ST.		
BP			URIAL, CREMATION, REMOVAL SPECIFY) Urial	23b. DATE 2-1-85		EMETERY OR CREMATORY Valley	Z3d LOCATION CITY OR TOWN Timonium,	Baltim	ore, M	aryland
DHMH - 16 60M 7 (VRA 15, 4)	7/84		UNERAL DIRECTOR NAME UCK Towson Funer	ral Home, Inc	DRESS 1050 Y	ork Rd. 250. DATE	EB 1 1985	Sh. REGISTRAP	SSIGNATI	-Mandall

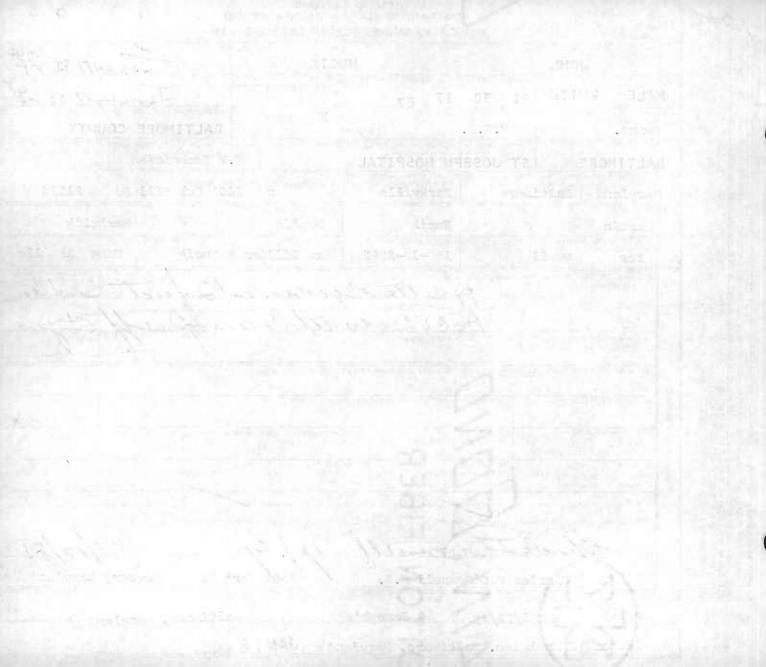
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	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE PEGISTRAP MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0	0	4	6	1
	ECEASED NAME FIRST MIDDLE LAST 20 DATE KNO		MONTH	DAY	YEAR	2b HOU
[TYI	PEORPRINI) JULIA M. HOWARD DEATH MAT	TED	1	16,	, 85	0/3
SE2	X 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	A	MONTH	DAY	YEAR	2d. HOU
	emale White 6 21 1910 74 YRS. DEAD	0.014.00	1		85	180
FC	BIRTHPLACE (STATE OR OREGIN COUNTRY) 8. MARRIED NEVER MARRIED 9 BALTIMORE					
	ew York U.S.A. WIDOWED X DIVORCED □ Baltin	nore		unty		SINESS
	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING L	(IFE)		OR I	NDUST	SA
USU	undalk 7833 Deboy Avenue Clerk-U.S	5. PC	ost	Of	LICE	3
	STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS 12c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS 12c. CITY OR TOWN 12d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS 12d. INSIDE (ITY LIMITS? 12d. INS	ov A	ven	110	212	222
	ATHER'S NAME 15 MOTHER'S MAIDEN NAME	JY II	V CII	LA		- 4 4
Jo	ohn Keen Catherine			Gyl		
160.		DDRESS				
No		ery	S	ame	as	13e
	18. CAUSE OF DEATH (Enter only one couse per lip for (o. 1), ond (c).			SETWE	ROXIMATE EN ONSE	INTERVAL
	IMMEDIATE CAUSE (o)					
	DUE TO, OR AS A CONSEQUENCE OF	pr				
	Conditions, if any, which gave rise to immediate (b)					
	couse (a) stating the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF					
	(c)					
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)					
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?		-	70 AL	TOPSY?	
FIC					s 🗇	YON
ERT	210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 211. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN	TTEM 18 PAR	RT 1 OR PAR		J []	Though the same of
MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION					
×	WHILE NOT WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN		COL	MIA		STATE
	22a I certify that I look charge of the remains described above, held on Autopsy . Inspection . Inquiry	ondi	in my op	inion	900	
	death resulted from: Notural causes Accident . Suicide . Homicide . Undetermined monner		, ор			
	TINE/SPECIFY			11	16	100
	SIGNATURE MEDICAL EXAMINER	2	DATE	D /	1	87
		1	DI	۷.	m.I	
	(TYPE OR PRINT) T. CROSSAN O DNOVAN ADDRESS 2112 Jundalk A	160	1967	10	riq.	-517
23o. B	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY)		COUN	iTY	ST	ATE
	urial 1/21/1985 Eastview Baltimor	ce	D . 0.10	1	Mary	lan
	FUNERAL DIRECTOR DUCIA - RUCK, ADDITION 1250. DATE REC'D. BY REGISTRAR 125	B. REGISTI	HAR'S S	- Jan	Lee.	
19	922 Wise Avenue Dundalk, MD. 21222 JAN 2 2 1985					18



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN TO /TYPE OR PRINT) DEATH MATE HUCIK JOHN .7 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS I IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAYL PRONOLINCPE WHITE MALE 01 30 17 DEAD 76. CITIZEN OF WHAT COUNTRY I BALTIMORE CITY OF COUNTY OF DEATH 7g BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. BALTIMORE COUNTY Penna. WIDOWED DIVORCED O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)

T.V Technician JOSEPH HOSPITAL BALTIMORE 13e STREET ADDRESS
2601 Cub Hill Rd 134 INSIDE CITY LIMITS? 13a STATE Parkville 21234 Baltimore Maryland YES [NO X 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Sophia Marhulik Hucik Martin 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS WW 11 (YES, NO OR UNKNOWN) 13e 190-10-8865 Mrs Lillian M Hucik Same Yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (6), (b), and (c). PART I DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES JOR TO BUR 71a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR LINDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY JAT HOME. 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE WHILE NOT WHILE 22e. I certify that I taak charge of the remains described above, held on Inspection L Autopsy TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICAT
PAGE 4 SHOULD BE FOR
TO FUNEATO DIRECTOR:
AFTER DEATH, WITH THE
BALTIMORE, MARYLAND and in my opinion death resulted from: Natural causes Homicide Undetermined monner Towson, Maryland Charles F O'Donnell M.D. 7501 York Rd 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b DATE 73r. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Baltimore Maria SIBNATURE St Joseph's 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR DHMH - 17 Leonard J Ruck Inc. Baltimore, Maryland (VR A15 ME (5)) · 20M 4/B2



1 -	FOR STATE REGISTRAR	DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE REG. NO		
	CEASED NAME FIRST	MIDDLE	LA	ST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
TIAME	Louise	W. Hughes				9 1985	1 4
1. SE	X	4 RACE	5. DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNE	DER I YEAR IF UNDER 24
F	emale	Caucasion	Apri	1 7 1905	79	YRS.	
	RTHPLACE (STATE OR FOREIGN COUNTRY)	75. CITIZEN OF WHAT COUNTRY	WIDOWED		Baltimore C	bunty	16.25
-	TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOTIN SUCH FACILITY, GIVE STREE	T ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Home Maker		L KIND OF BUSINESS
13a.	AL RESIDENCE IF NURSING HOMES STATE 136 COL Faryland Far		WN I	YES NO X	136 STREET ADDRESS / 1000 Southe		2101
1	ATHER'S NAME FIRST Bartholonew Seidl	MIDDLE LAST		15. MOTHER'S MAIDEN NAME OF THE ST. MARY UNKNOWN	WIDDIE		LAST
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFMPMAGeorge W	loppman ADDRE	SS	2101
1	b	218–38	1225	1000 Souther	n Dr. E	el Air	Maryla
	Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	JENCE OF	act Lysus			
NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSES	UENCE OF		VINAL DISEASE OR CONE	DITION GIVEN IN	N PART Ita
TIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	UENCE OF	NOT RELATED TO THE TERM	Z00 AUTOPSY? YES NO	20b. IF YES, WE	RE FINDINGS USED CAUSES OF DEATH
CAL CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE THE CONDITION FO	UENCE OF DEATH BUT!	NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	RE FINDINGS USED G CAUSES OF DEATH' NO
MEDICAL CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE THE CONDITION FO	DEATH BUTTON DAY YEAR 19	NOT RELATED TO THE TERM S WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS USED G CAUSES OF DEATH NO OR PART ?)
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DHMH - 16 50M 4/ (VRA 15, 4)

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Parkwood Cemetery

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DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

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Ruck Towson Funeral Home Inc.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR

REG. NO

2b. HOUR

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APPROXIMATE INTERVAL

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COUNTY

Parkville Md. Balto. 21234 BY REGISTRAR 256. REGISTRAR'S SIGNMANDARY

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DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO. LAST 2a DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINTS Pechin Ingle Julia. 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 16 1895 89 Female Cauc TO BIRTHPLACE ESTATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Baltimore USA County WIDOWED DIVORCED | O. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MENSTRY ate Baltimore Baltimore County Gen. Hosp Teacher USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY Md. lia CSVRESVille 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 7200 Third Ave. 21784 NO [Carroll 15. MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE Harriet MIDDLE Page Ingle William ADDRESS E. Redwood St. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (IF YES GIVE WAR OR DATES) 12-32-1538 John H. Somerville Baltimore, Md 21202 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION 21d INJURY OCCURRED 21e, PLACE OF INJURY COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (I) (well (did (did not) view the body after death. _. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGDHATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

OURMOTARRED 23a BURIAL, CREMATION, REMOVAL 23b. DATE Cremation

1-17-85

Ballo 23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Bällimore

MHIE.

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons

774 PHYSICIAN'S NAME (TYPE OR PRINT)

4905 York Rd. Baltimore, Md.

Green Mount

250. DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) Lillian Elizabeth Ingliss January 2. 1985 S DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 4 RACE 1.5EX MONTH White Aug. 31, 1904 Female BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York Baltimore County USA WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LTYPE OF WORK FOR MOST OF WORKING LIFE! St. Joseph's Hospital Towson Bookkeeper USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 13b COUNTY 13c CITY OR TOWN 13d CITY OR TOWN 13d Luther ville | 13e STREET ADDRESS / ZIP CODE | 21093 | 900 A Morris Ave., Lutherville 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Edward Lillian O'Flynn Seckler 16h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Lutherville, 21093 113-20-2724 Wm. N. Ingliss, 900 A Morris Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Pert Controvascular IMMEDIATE CAUSE (a) liseonelevoles. Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id 9g DATE OF OPERATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

emmon-Mitchell-Wiedefeld, 10 W. Padonia RdA

NOT WHILE

24 FUNERAL DIRECTOR

22x I certify that (Brithis hospital) ottended the deceased from... , and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 7600 Osler Drive, Suite 411 Towson, Md. Charles B. Hatton, M.D. 23¢ NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL Burial /4/85 Dulanev Vallev M. Gar. Timonium, Balto. Md.

2h HOUR

17h KIND OF BUSINESS OR

21093

Mercantile

INDUSTRY

COUNTY

lia Davidson-Randelle

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

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DHMH - 16 60M 7/84 (VRA 15, 4)

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NO	ORTH CAROLINA	U.S.A		WIDOWE		BALTIMOR	E COUN'	TY	
10. C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT		126. KIND C	F BUSINE
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STATE OF MARYLAND



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TION	196 CONDITION FO	OR WHICH OPE	RATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS	
CAUSE OF DEA			YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART TORPART	2)
RED	21e. PLACE OF INJU		211 LOCATION	CITY OR TOW	N COUNTY	STATE
(Mr. Nose	the state of the body after de	0 19 198	, 19-51 , and that in (my) (dea) opinion	death accurred on the dot	e ond hour and from	the couses stated
M	clair 91	1 hay	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	- 14	r. 2,1985
RAME (1996.0)	M PRINT)	/	17* ADDRESS			
LSON	MCKAY		1132 NORT	H ROLLING ROA	D BALTO.	MD. 21228
REMOVAL	73b DATE	23c NAMI	OF CEMETERY OR CREMATORY	23d LOCATION		

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVE. CATONSVILLE MD. 21228

(SPECIFY)

276 SIGNATU

FOR - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

Jo. STATE

CERTIFICATION

MEDICAL

MARYLAND 4 FATHER'S NAME

(YES, NO OR UNKNOWN)

FEMALE

MARYLAND LCITY OR TOWN OF DEATH

BIRTHPLACE (STATE OR FOREIGN

CATONSVILLE

SUAL RESIDENCE (IF NURSING HOME OR OTHER IN

EDMUND

Conditions, if ony, which gove rise to immediate cause (a), stoting the

underlying couse lost.

90. DATE OF OPERATION

21d. INJURY OCCURRED

230 BUTAL, CREMATION, REMOVAL

7 In. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDIC AL EXAMINER)

NOT WHILE

220.1 certify that (I) (1475 haspital)-att

ARS NAME (1794 DEPEN DR. NELSON MCK

60 WAS DECEASED EVER IN U.S. ARMED FO

18 CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY:

PART 2 OTHER SIGNIFICANT CONDI

1/4/1985 ENTOMBMENT

LORRAINE PARK MAUSOLEUM

JAN 2

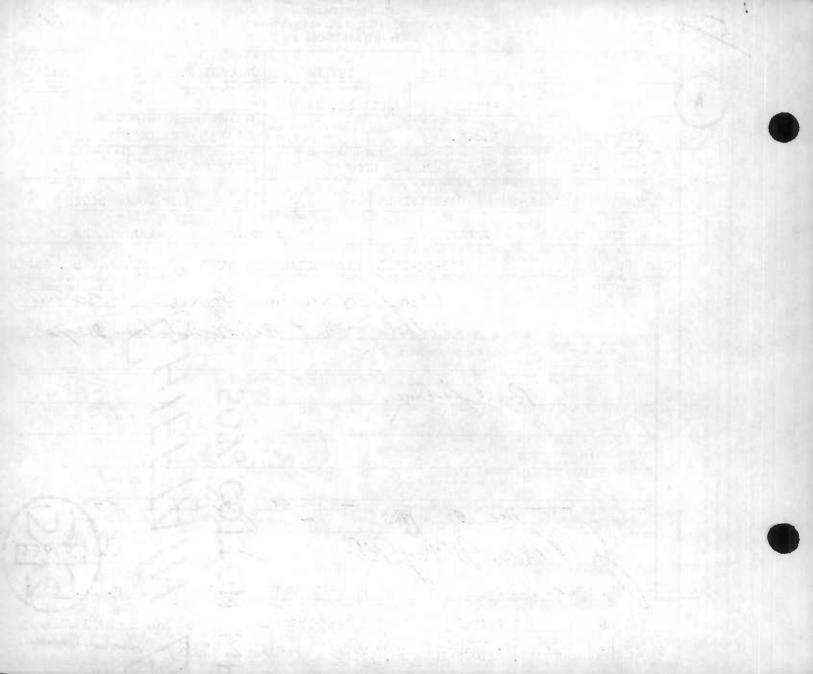
WOODLAWN

CITY OR TOWN

MARYLAND JAN 2 1985 Julia Dandon - Wandare

STATE

COUNTY



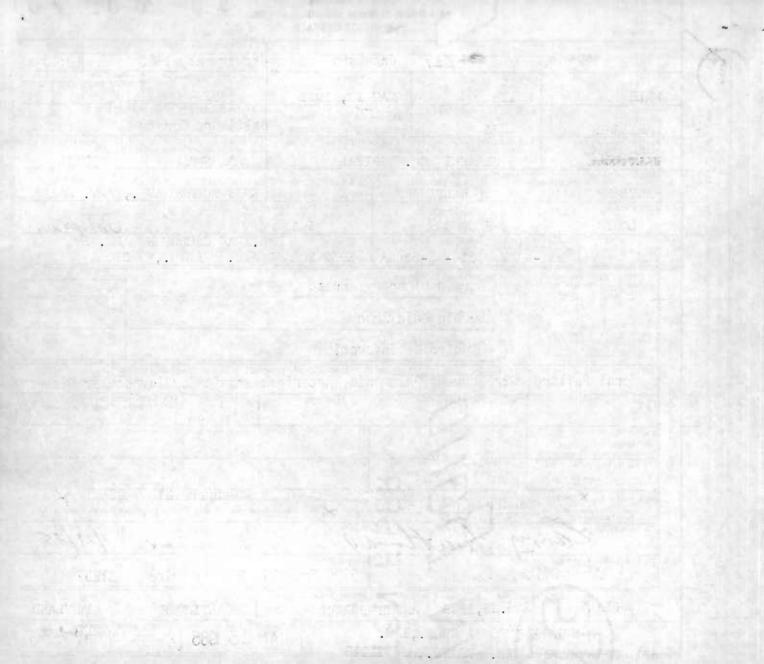
	1 - :	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	L HYGI	ENE 8 5	0	0 4	7 6
)		ASED NAME	FIRST		NIDDLE		AST		20. DATE OF DEATH	ONIH DA	-	2b. HOUR -
/	(11110	S	TELLA			JA	COBS	- "		1-31	-82	3 A M
	3. SEX	Harris III	1	I. RACE		5. DATE C			6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	HOURS MIN.
		PEMALE	4	WHI	re	JUNE			62	YRS.		
36	CO	HPLACE (STATE OR F MARYLAND	OREIGN 7	U.S.	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED		BALTIMORE CITY OR			MD.
Some of the second	2	Y OR TOWN OF DEA		8352	RIDGEL	Y OAK	ROAD	7	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOMEMAKE	WORKING LIFE)	12b. KIND OF INDUSTRY HOM	BUSINESS OR
	13a. ST.	RESIDENCE (IF NURS ATE RYLAND	136 COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW 2123	N	13d. Inside City Limit		8352 RID	ZIP CODE GELY	OAK R	OAD2123
and the	14 FAT	STEFAN	M	KI	JNANIEC		15. MOTHER'S MAIDE BARB		WEDDLE		CAPIN	SKI
medicol		AS DECEASED EVER S, NO OR UNKNOWN)	IN U.S. ARM (IF YES, GIVE	WAR OR DATES)	166 SOCIAL SECU 214-14-		EDWARD T	. J	ACOBS8352	2		K RD.
ury, ar other traumatic e		Canditions, if any, gave rise to immediate (a), stating underlying cause	nediote ig the last.	DUE TO, OF	R AS A CONSEQUE	ENCE OF	aly Sing	TERMI	Hewst dis	End Lend ITION GIVEN	V IN PART 11a	
lui duo sand iul	CERTIFICATION	9a DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY? YES NO		WERE FINDIN NG CAUSES	
r Item 18 st	SAL	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 216 INJURY OCCURI	CAUSE OF DEAT	HOUR A.I P.I 21e PLACE (M. MONTH D. M.	AY YEAR	21t. HOW INJURY OF	CCURR	ED (ENTER NATURE OF INJURY		6	n.
morked o	WE	WHILE NOT WE AT WORK 276 1 certify that (1)	RK R	(AT HOME, STR	EET FACTORY, OFFICE, F	1 0	STREET 19	82	CITY OR TOW	N 19	COUNTY	hat (I) (we) last
ANT: If hem 21 is		saw the decease above (1) (we) (c) 22b. SIC WATURE	ed alive on_did) (did nat	Rul	19_	8 1,00	DEGREE		MEDICAL STAFF		22c DATES	
IMPORTANT	23a. BU	S A M	REMOVAL	123b. DATE	1100	V AI,F	EMETERY OR CREMAT	ORY	123d. LOCATION			
 I/83	BU	JRIAL NERAL DIRECTOR NAME		JAN.2			AND MEM.	PAR a DATE	CITY OR TOWN	RE CO	MD AR'S SIGNATI	IDE

DHMH - 16 50M (VRA 15, 4)

BP_

WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD. 1985

estameneno imenti are . east transport to 1. 22 . the can be called to



FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

		EASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH		DAY YEAR	2h HOU	
1	(TYPE C	OR PRINT)	Clara	-	JARCEWS	KI			January 1	0, 19	85	2:4	5 P _M
3	. SE X			4. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRT	HDAY}	MONTHS DAYS		R 24 HRS
ı		FEMALE		CAUCA	STAN	0.5	05	25	59	YRS			
7.		THPLACE (STATE	OR FOREIGN	L CITIZEN OF	WHAT COUNT	TRY? 8	D NEVER	AARRIED -	9 BALTIMORE CITY O				
1	44	RYLAND	250	USA		WIDOWI		VORCED [Baltimore	Cour	ity		MD.
		Y OR TOWN OF	DEATH		HOSPITAL, NU	IRSING HOME (OR OTHER INST	TITUTION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST O			OF BUSIN	ESSOR
K	.05	SVILLE		FRANK			HOSPIT	AL	HOUSEW				
		L RESIDENCE (# N	13b COUN		GIVE RESIDENCE E	SEFORE ADMISSION)	113d INSIDE C	ITY LIMITS?	13e STREET ADDRESS	ZIP COE	Œ		
1	IVLA	RYLAND		IMORE	ROSE		YES 🗌	NO 🔯	503 PATU	XENT	AVE.	212	37
T	4. FA	THER'S NAME		AIDDLE	LAST	WAR S	15. MOTHER	FIRST	WE		t.	AST	
1					CHAPL			SEPHI			KUL		
Ti		(AS DECEASED EV		MED FORCES?	16b SOCIAL	SECURITY NO.	17 INFORMA	INT	ADDRE	SS			
L	, , ,	NO			21422	5822	ANTHO	DNY JA	RCEWSKI 5	03 P	ATUXE		VE.
r		18 CAUSE OF DE	ATH (Enter an	y ane cause per	line far (a), (b	i, and (ci.)			9-3-16-66	21	BETWEE	XIMATE INTE	RVAL D DEATH
П		PART I. DEATH	I WAS CAUSEL	D BY: E C AUSE (a)	Respir	ratory f	allure					-111-1	
т	-1	70.55		DUE TO O	PAS A CONS	EQUENCE OF	777-741						
L		Canditians, if a	iny, which	(b)	Metast	atic br	east ca	arcinom	a			- 19	
ı		gave rise to		DUETO	R AS A CONS	EQUENCE OF	1.13						
Ŧ		underlying ca	use last.	(c)_				2					
ı		PART 2. OTHER S	IGNIFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART	lta	
ı	CERTIFICATION												
1	3	90 DATE OF OPE	RATION	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		ES, WERE FIND IFYING CAUSI		
	E						100		YES NO	1	res 🗌	NO [
		210. ACCIDENT WAS	_	21b. TIME C	FINJURY .M. MONTH	DAY YEAR	21t HOW IN	IJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2		
I	3	(IF EITHER NOTIFY			Μ.	19							
П	MEDICAL	214 INJURY OCC	URRED		OF INJURY	FICE FARM ETC.)	211 LOCATIO	NC	CITY OR TO	wN	COUNTY		STATE
1	2	AT ORK AT	WORK			17-11-17							2 3
1		220 1 certify that	Lithis haspit	al) attended th	ne deceased fr	Jan.	10	19 85	, 19			., that	
1	7	saw the dec	eased alive an	Jan view the bady	10 valjér death.	19 <u>85</u> , a	nd that in (m/c)	(aur) apinian (death occurred an the de	ate and ho			
1		226. SIGNATURE	1	-//	10	,	DEGREE	ATTENIDING	MEDICAL STA			E SIGNED	
	3		(March	110	mil	M		PHYSICIAN [DIRECTOR PHYSIC		1	/10/8	35
1		224 PHYSICIAN'S			CH E	,	22e ADDRES		: C		01007		
			Tommy H	su, MD			9000	Frankl	in Square D	r.,	2123/		
1		URIAL, CREMATIC	ON, REMOVAL	23b. DATE		23c. NAME OF	CEMETERY OR	CREMATORY	23d LOCATION		COUNTY	7.5	STATE
1	OF	SPECIFY)	T	7/70	10-						7 4 7 7 0	20.0	-

DHMH - 16 50M 4/83 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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AND MENTAGE SOL LAW.		Treeseast		
	Section 1			
		100 miles		

WI.			STATE OF MARYLAND		
20	FOR - STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	0011010
1	REGISTRAR CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	TH DAY YEAR 126 HOUR
	E OR PRINT)		<u> </u>	1 1	
3 SE	x sound	1 RACE	15. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 2
	Mole	Black	MONTH DAY YEAR	57	MONTHS DAYS HOURS
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y2 II	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
5	COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		one County
H.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINES
28	andallstown	0 1	o. General Hoso	Lab Tech	RKING LIFE) INDUSTRI
13a.	AL RESIDENCE (IF NURSING HOM)	OUNTY 136. CITY OR TO		STREET ADDRESS / ZIF	CODE 21:
	MD R	Jaly Balti	mod YES NO D	3503 Mils	and Mill Rd.
DAR E	Alfred	W. Jenkin	15 MOTHER'S MAIDEN N.	AME MIDDLE	TaT - LAST
20					Waters
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE		ADDRESS	Milford Mill
	169	220720	40000 AILTED DEL	N COCC SILLAI	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line for (a), (b), USED BY.	. A	Sonsi	APPROXIMATE INTER BETWEEN ONSET AND
	IMMED	PIATE CAUSE (a)	/ · A ·	Sepsio	
	Conditions, if ony, which	DUE TO, OR AS A CONSEC	DUENCE OF HALLOW	T	
	gove rise to immediate	15)			
	cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		
	underlying cause last.	(c)		MIN AL DISEASE OF CONDITIE	ON GIVEN IN PART Lig
	underlying cause last.	(c)	O DEATH BUT NOT RELATED TO THE TER	MIN AL DISEASE OR CONDITIO	ON GIVEN IN PART Ito
	underlying cause last.	(c)		20a AUTOPSY? 201	b. IF YES, WERE FINDINGS USED
	underlying cause last. PART 2. OTHER SIGNIFICAN	(c)	O DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 201	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT
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MEDICAL CERTIFICATION	Underlying cause last. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (18 EITHER, MOTHER MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (1) (this has saw the deceased alive above, (1) (were told) (did	19b. CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICE 19b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE) 20spital) attended the deceased from	DAY YEAR 19 211. LOCATION STREET 212. And that in (my) (our) apinion DEGREE ATTENDING	RRED (ENTER NATURE OF INJURY IN CITY OR TOWN	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NO CHEM 18 PART 1 OR PART 2) COUNTY S COUNTY S Ond hour and from the causes sto
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4	DING PHYSICIAN. The law requires that the deoth certificate be executed within 24 hours ofter death. Fagura of other distribution.	After this certificate has been signed by the ottending physician and completely filled in by the funeral direct is easily for the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 haurs.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMONE, MARYLAND 21201	DING PHYSICIAN: The or offending physician.	Afte os

STATE OF MARYLAND

	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	0.	, 0 0	
ı	I. DECEASED NAME FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR	
ı	(TYPE OR PRINT) Hi]	Lda	Helen		JOHNSON	January 1	, 1985	1:26PM	٨
1	3. SEX	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	R I YEAR IF UNDER 24 HRS	
N.	Female	Cauc	casian	4	23/20 YEAR	64	YRS.	DATS HOURS MIN.	
1	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O		ATH MD	'
	10. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ON 12b	KIND OF BUSINESS OR	
А	Baltimore	The second secon	h FACILITY, GIVE STREET AND SOME		Hospital	homemak		USTRY	
	USUAL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				B,Balto,Md	-
2	Maryland Ba	ltimore	Baltimo		13d INSIDE CITY LIMITS?	9506 Perr		Blvd,21236	
1	14. FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDLE		LAST	
1	Andrew Hes	_			Barbara			Spann	
	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 5. GIVE WAR OR DATES)	220-03		7 4021 Silva Rose Marie			1. 21236	
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	22b. SIGNATURE	Johnse	le &	-M	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF	1/1/85	
	Joseph S	chneider,	M.D.		9000 Frank	din Square	Drive 2	1237	

23e BURIAL, CREMATION, REMOVAL 23b DATE 1/4/85 231 NAME OF CEMETERY OR CREMATORY

23d. LOCATION COUNTY

Balto Md.
By REGISTRAR'S SIGNATURE

1005 Julia Davidson Mandala

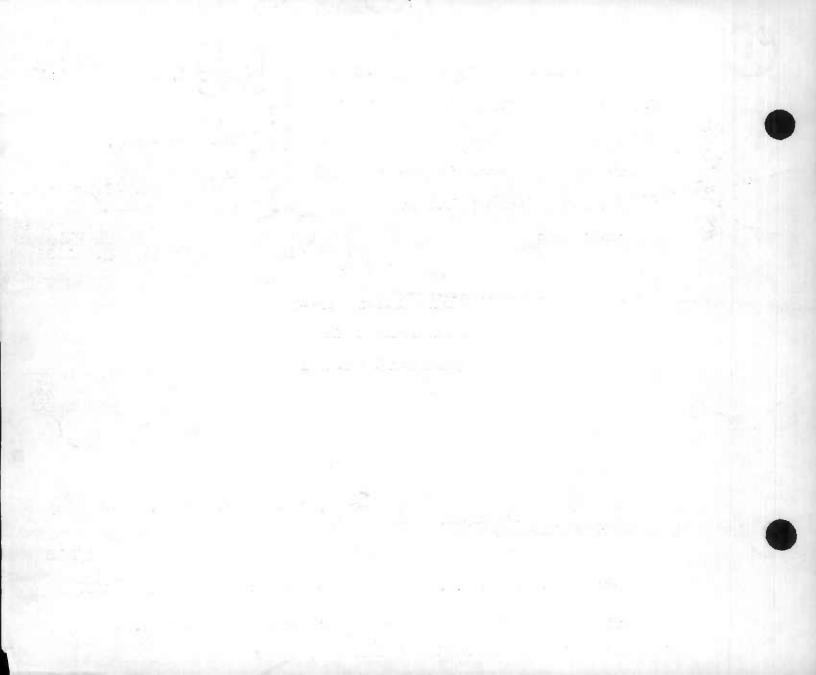
Burial
24 FUNERAL DIRECTOR DHMH - 16 50M 4/B3 (VRA 15, 4)

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SCHIMUNEK FUNERAL HOME, 9705 Belair Rd,

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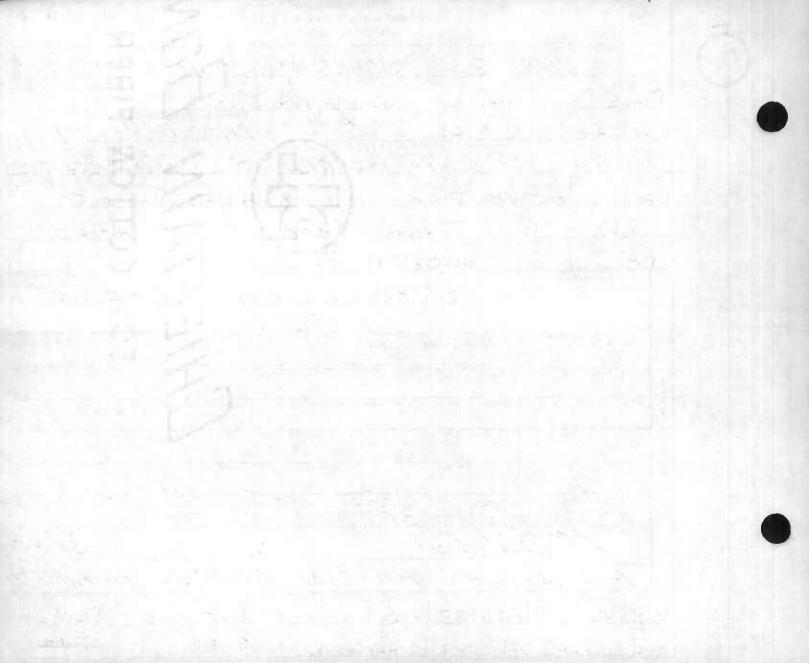
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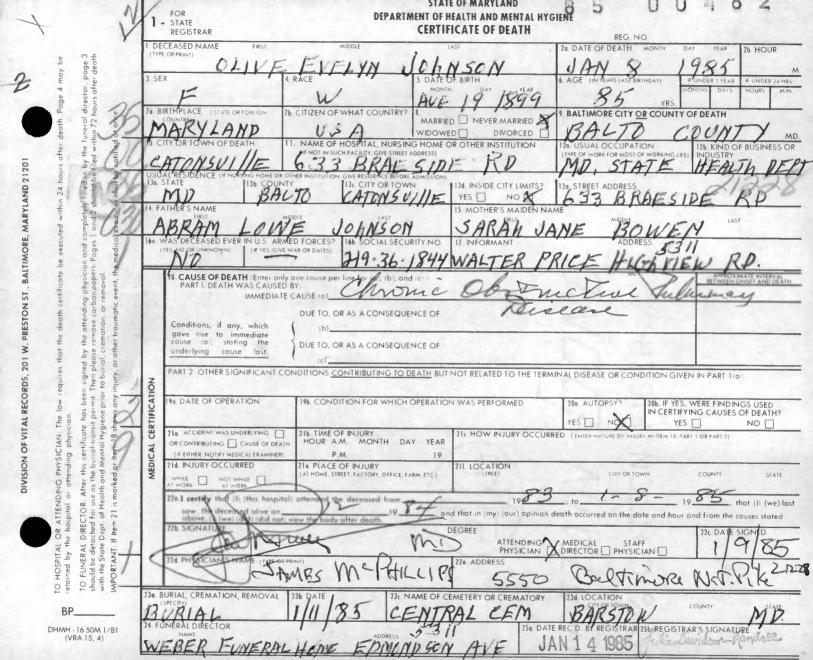


STATE OF MARTLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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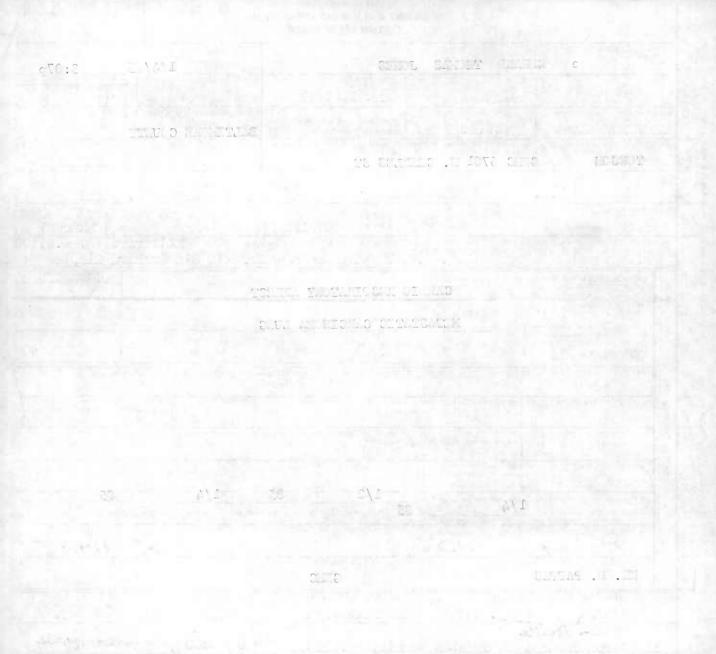
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STATE OF MARYLAND

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0).		CEASED NAME FIRE	257	MIDDLE	LA	NST .	20. DATE OF DEATH MOR	NTH DAY YEAR	26 HOUR	
100		CORPRINT	EDWARD :	DWARD THOMAS JONES			January 4,	1985	B:07p M	
	3. St		4 RACE		5. DATE O	F BIRTH DAY _ YEAR	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAY		
oge -		MALE	WHITE		OCT.	2, 1917 YEAR	67	YRS		
th. P	1	IRTHPLACE (STATE OF FORE	The state of the s	WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH		
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on ond con ond		WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	V.S. ARMED FORCES? YES, GIVE WAR OR DATES] N/A	209.09.8		THOMAS E. JOI	- 4/		e,Md.21108 ircle	
ysicia opers val. t, the		18 CAUSE OF DEATH (E	nter anly one cause per			PIRATORY ARRES		BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH	
requires that the death c sen signed by the attendir t. Then please remove carl or to buriol, cremation, or y injury, or other troumofit	NOI	Conditions, if any, wh gove rise to immedia cause (a), stating underlying cause to PART 2 OTHER SIGNIFIC	ich of the dast. (b) DUE TO, O	r as a conseque	ATIC (CARCINOMA LUNG		ON GIVEN IN PART	Ìta	
he law on. has be t permi	CERTIFICATION	190 DATE OF OPERATION	19b. COND	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO YES NO TO THE PROPERTY OF TH			
ig physici ig physici certificate riol-transi entol Hyg frem 18 sh		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A.		YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM IB PART I OR PART 2	,	
offending of the string of the burner of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
ATTENDIN spital or CTOR: Af far use a of Health		220 I certify that (I) (this saw the deceased all abave, (I) (we) (did) (haspital) Tathended the		1/ 35, an	d that in (my) (aur) apinion d	to 1/4 death accurred on the date of	, 19 <u>85</u> and haur and fram t	_, that (I) (we) lost he causes stated	
by the hose ERAL DIRECT of detached Store Dept.		2726. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 2726. PHYSICIAN'S NAME (TYPE OR PRINT) 2726. ADDRESS						1/11	TE SIGNED 4/85	
TO HOSPII retained by TO FUNER should be with the St		DR. D. PAR	PAS			GBMC				
	230.	BURIAL, CREMATION, REM				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE	
BP	24 5	BURIAD		8,1985 HO	LY CR		Brooklyn REC'D. BY REGISTRAR 256	RFD	MD	
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director) \$\frac{1}{2} \text{Singleton Fur}		Glen Bu	rnie,	Md. 21061 JA		-na Wardson		



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4905 York Road Balto., MD

(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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215 16 00 00 00 Mr. L. ce Jones, Marie Barrier

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NDING PHYSICIAN. The law requires that the death certificate if or attending physicion.

FOR STATE

STATE OF MARYLAND

EPARTMENT (F HEALTH	AND MENT	AL HYGIENE
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		SED NAME	FIRST		WIDDIE		AST	20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
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1		6	State !	11.	1	MONTE	DAY YEAR	07		MONTHS DAYS	HOURS A
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1		OR TOWN OF DI	ATH		CH FACILITY, GIVE S		OR OTHER INSTITUTION	126 USUAL OCCUP			OF BUSINESS
11	n	OSSVIL	LE	FRE	PNKLL	N 5	R,	HSU	VE		
26	JSUAL R	ESIDENCE IF NU	RSING HOME OR	OTHER INSTITUTION	134. CITY OR		113d. INSIDE CITY LIMITS?	13e STREET ADDRE	SS / 7IP CO	IDE .	2127
1		MP	B	ALTO		RIVER	YES NO		STIC	CT.O	1 doil
2	4 FATH	ER'S NAME		The latest and the		.,,,,,,,	15. MOTHER'S MAIDEN NA	AME			
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4 1	4= \A/A S	DECEASED EVE	PINIIS AP	/ //	16b. SOCIALS	SECURITY NO	17 INFORMANT		DRESS		
	(YES	NO OR UNKNOWN)		E WAR OR DATES)	772 /	46231		JONES		ABOVE	
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200	18	CAUSE OF DEA	TH (Enter on	ly one cause pe	r line for (a), (b	i, and (ci.)				BETWEEN	ONSET AND DE
		PART I. DE ATH		D BY: E CAUSE (a)		AC	CVI				
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				DUE TO, C	OR AS A CONSE	QUENCE OF					
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15.00		ause o , stat		DUE TO, C	OR AS A CONSE	QUENCE OF					
	_	underlying couse last.									
	P	ART 2 OTHER SIG	SNIFICANTO	CONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION	GIVEN IN PART I	a
	Z			53	45-11-11	ACT NOTES					
-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			196 CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED				
N	E E			1 - 10						TIFYING CAUSES	
9	E _							YES NO		YES [ио 🗌
12	₩ 21	a. ACCIDENT WAS U	_		OF INJURY	DAY YEAR	21c. HOW INJURY OCCUI	RED (ENTER NATURE OF	INJURY IN ITEM I	B PART I OR PART 2)	
9	A P	R CONTRIBUTING		110	.M.	19					
1	\leq	INJURY OCCU			OF INJURY	17	211 LOCATION	-			
	9 "				TREET, FACTORY, OF	FICE FARM, ETC.)	STREET	CITY C	RTOWN	COUNTY	STAT
<	> 1			1							
700		WORK NOT W	ORK								
	AT	WORK AT W	ORx C	5 4/164			6-7 1971		- 9	. 19.8° \$	that (I) (we)
	AT	G I certify that	ORX Corx	tal) attended t	he deceased fro	am_6=	16 - 7 , 19 7 1 nd that in (my) (our) aprilian	death accurred an th	e date and h	. 19 & S	
	22	a I certify that (saw the decea above, (I) (we)	ORX Corx	tal) attended t	he deceased fro	am 6 -	nd that in (my) (our) opinion	death accurred an th	e date and h		causes state
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(VRA 15, 4)

J.B. CONNELLY

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All the second s MAD STORY MAN THE STREET STEELS THOUGHS IN N FINE STATE AND AND THE TENT TO THE STATE OF which has all a services and the services and services BEACH ! " 185 ROOF FRO RIFE FROM 1818